

**Department of Social Services
MO HealthNet Division**

**Fiscal Year 2020 Budget Request
Book 6 of 6**

Steve Corsi, Psy.D., Director

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Nursing Facilities

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C

HB Section: 11.470

1. CORE FINANCIAL SUMMARY

FY 20120 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE				0	
PSD	154,932,770	422,469,703	65,527,432	642,929,905		PSD				0	
TRF						TRF					
Total	154,932,770	422,469,703	65,527,432	642,929,905		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Uncompensated Care Fund (UCF) (0108) - \$58,516,478
Healthy Families Trust Fund (HFTF) (0625) - \$17,973
Third Party Liability Collections Fund (TPL) (0120) - \$6,992,981

Other Funds:

2. CORE DESCRIPTION

This core is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities

CORE DECISION ITEM

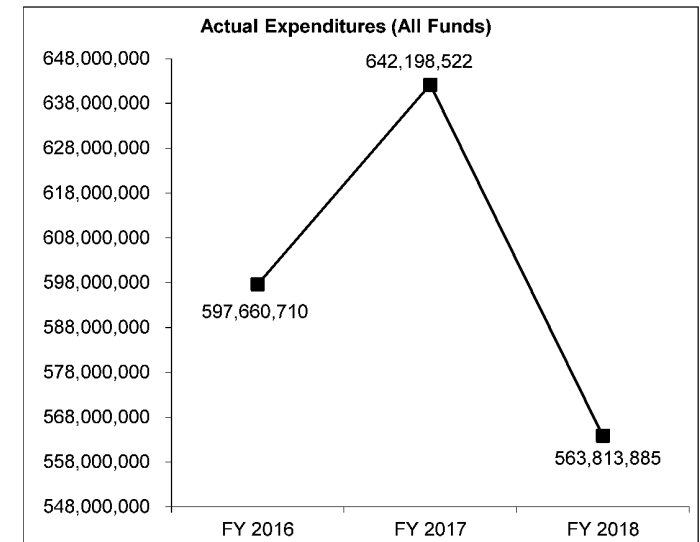
Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C

HB Section: 11.470

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	611,932,979	645,145,957	594,273,388	644,973,265
Less Reverted (All Funds)	0	0		
Less Restricted (All Funds)	(3,373,442)	0		
Budget Authority (All Funds)	608,559,537	645,145,957	594,273,388	644,973,265
Actual Expenditures (All Funds)	597,660,710	642,198,522	563,813,885	N/A
Unexpended (All Funds)	10,898,827	2,947,435	30,459,503	N/A
Unexpended, by Fund:				
General Revenue	3,545,477	1,837,934	5,208,909	N/A
Federal	10,708,819	1,109,501	14,178,503	N/A
Other	17,973	0	11,072,091	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - Expenditures of \$685,453 were paid for Home and Community Based Services and \$82,496 were paid for State Medical Services.

(2) FY17 - Expenditures of \$4,940,206 were paid for Home and Community Based Services.

(3) FY18 - Unexpended funds includes \$5,208,909 GR and \$14,178,502 that was used as flex to cover other program expenditures. There was an agency reserve amount of \$11,072,091 due to a lack of fund balance for the Senior Services Protection Fund. There was an unexpended authority amount of \$1 within the Nursing Facilities program lines.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITIES**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	155,639,773	423,806,060	65,527,432	644,973,265	
				Total	0.00	155,639,773	423,806,060	65,527,432	644,973,265	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	956	6473	PD	0.00		0	(1,336,357)	0	(1,336,357)	Core reduction due to recoveries by MMAC
Core Reduction	956	6472	PD	0.00		(707,003)	0	0	(707,003)	Core reduction due to recoveries by MMAC
NET DEPARTMENT CHANGES					0.00	(707,003)	(1,336,357)	0	(2,043,360)	
DEPARTMENT CORE REQUEST				PD	0.00	154,932,770	422,469,703	65,527,432	642,929,905	
				Total	0.00	154,932,770	422,469,703	65,527,432	642,929,905	
GOVERNOR'S RECOMMENDED CORE				PD	0.00	154,932,770	422,469,703	65,527,432	642,929,905	
				Total	0.00	154,932,770	422,469,703	65,527,432	642,929,905	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NURSING FACILITIES									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	5,375	0.00	0	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	5,375	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	10,750	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	130,447,787	0.00	155,639,773	0.00	154,932,770	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	364,293,050	0.00	423,806,060	0.00	422,469,703	0.00	0	0.00	
UNCOMPENSATED CARE FUND	58,551,344	0.00	58,516,478	0.00	58,516,478	0.00	0	0.00	
THIRD PARTY LIABILITY COLLECT	10,492,981	0.00	6,992,981	0.00	6,992,981	0.00	0	0.00	
HEALTHY FAMILIES TRUST	17,973	0.00	17,973	0.00	17,973	0.00	0	0.00	
TOTAL - PD	563,803,135	0.00	644,973,265	0.00	642,929,905	0.00	0	0.00	
TOTAL	563,813,885	0.00	644,973,265	0.00	642,929,905	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,792,067	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,792,067	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,792,067	0.00	0	0.00	
GRAND TOTAL	\$563,813,885	0.00	\$644,973,265	0.00	\$644,721,972	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilites HOUSE BILL SECTION: 11.470	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 20%;"> Total \$644,721,972 </td> <td style="text-align: center; width: 10%;"> % Flex 0.25% </td> <td style="text-align: center; width: 10%;"> Flex Amount \$1,611,805 </td> <td style="width: 60%; vertical-align: top;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510. </td> </tr> </table>		Total \$644,721,972	% Flex 0.25%	Flex Amount \$1,611,805	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total \$644,721,972	% Flex 0.25%	Flex Amount \$1,611,805	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
.25% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.470	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$644,721,972 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$64,472,197 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$644,721,972	% Flex 10%	Flex Amount \$64,472,197	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$644,721,972	% Flex 10%	Flex Amount \$64,472,197	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$58,047,436	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
CORE								
PROFESSIONAL SERVICES	10,750	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	10,750	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	563,803,135	0.00	644,973,265	0.00	642,929,905	0.00	0	0.00
TOTAL - PD	563,803,135	0.00	644,973,265	0.00	642,929,905	0.00	0	0.00
GRAND TOTAL	\$563,813,885	0.00	\$644,973,265	0.00	\$642,929,905	0.00	\$0	0.00
GENERAL REVENUE	\$130,453,162	0.00	\$155,639,773	0.00	\$154,932,770	0.00		0.00
FEDERAL FUNDS	\$364,298,425	0.00	\$423,806,060	0.00	\$422,469,703	0.00		0.00
OTHER FUNDS	\$69,062,298	0.00	\$65,527,432	0.00	\$65,527,432	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.470

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

1a. What strategic priority does this program address?

Ensure adequate supply of nursing facilities for MO HealthNet participants

1b. What does this program do?

This program provides reimbursement to nursing facilities for the care of MO HealthNet participants. Providers are reimbursed for MO HealthNet participants based on the participants' days of care multiplied by the facility's Title XIX per diem rate less any patient surplus (i.e., funds contributed by the participant). A per diem rate is established for each nursing facility by the Institutional Reimbursement Unit (IRU) of the MO HealthNet Division (MHD) utilizing a prospective reimbursement system. A prospective rate is established on a particular cost report year and is adjusted in subsequent years for global per diem rate adjustments granted to the industry as a whole. Rates may be recalculated on a more recent cost report year, which is referred to as rebasing. Rates were last rebased in SFY 2005 using 2001 cost reports trended to 2005, with global per diem rate adjustments granted in subsequent years. The per diem rate is paid from both the Nursing Facility budget section and the Nursing Facility Reimbursement Allowance (NFRA) budget section.

Rate History

Rate adjustments are funded with General Revenue (GR), General Revenue Equivalents (GRE), and NFRA. Following are the recent GR/GRE funded rate adjustments from the Nursing Facility budget section and the NFRA funded adjustments from the NFRA budget section .

SFY	Wtd. Avg. Rate	Adjustment	Source
2019	\$161.42	\$7.76	GR from NF Approp
	\$153.66	\$0.54	GR from NF Approp (Decrease reduced to \$4.83 in FY 19, i.e. \$0.54 increase effective 7/1/18)
2018	\$153.12	(\$5.37)	GR from NF Approp (\$5.37 Decrease effective 8/1/17-6/30/18)
2017	\$158.49	\$2.83	GR from NF Approp (Additional Rate Increase for SFY 2017 using GR)
	\$155.66	\$2.09	GR from NF Approp (Continued \$2.09 increase from SFY 2016 using GR)
2016	\$155.66	\$2.09	GRE from NF Approp (Increase from Tax Amnesty Fund only for Jan. 2016 - June 2016)
	\$153.57	\$1.29	NFRA from NFRA Approp
2015	\$152.28	\$1.25	NFRA from NFRA Approp
2014	\$151.03	\$3.72	GR from NF Approp (3% increase of per diem excluding certain fixed cost items)

Hospice Room and Board

Increases/Decreases to nursing facility and HIV nursing facility per diem rates also impact the hospice program. Hospice providers that furnish services to MO HealthNet participants residing in a nursing facility will be reimbursed 95% of the nursing facility's per diem rate for room and board, pursuant to 13 CSR 70-50.010 and 1902(a)(13) of the Social Security Act.

PROGRAM DESCRIPTION

Department: Social Services

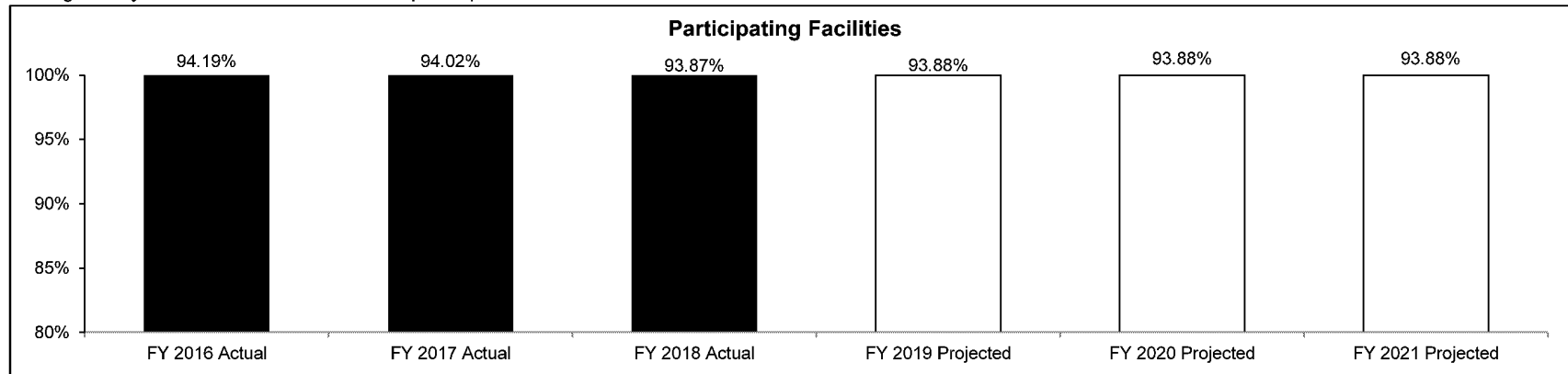
HB Section(s): 11.470

Program Name: Nursing Facility

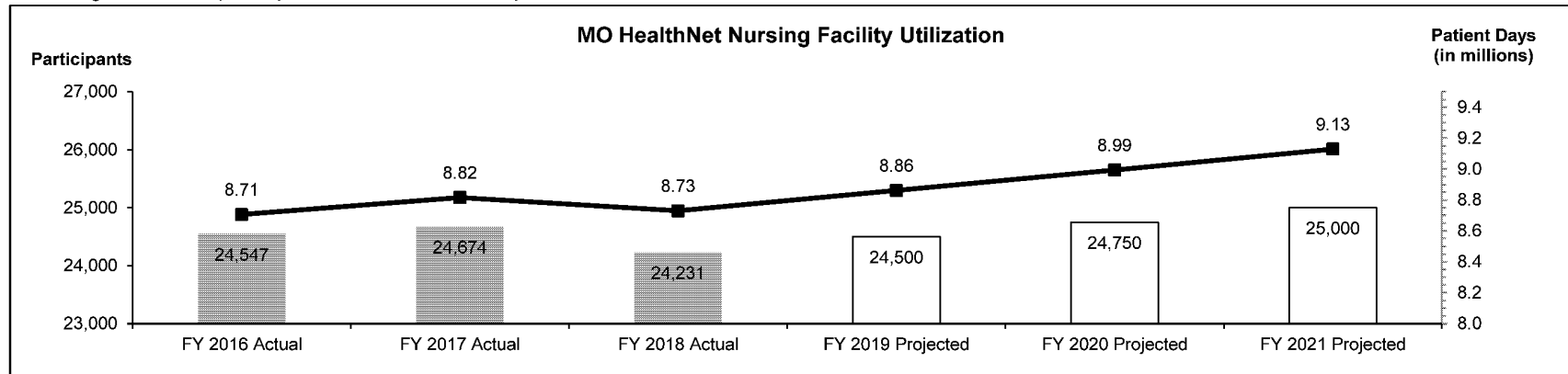
Program is found in the following core budget(s): Nursing Facility

2a. Provide an activity measure(s) for the program.

An average of 505 facilities were enrolled in the MO HealthNet program during SFY 18, representing a 93.87% participation rate and ensuring access to quality nursing facility services for MO HealthNet participants.



An average of 24,231 participants utilize this service per month.



Projections include a 1.5% increase in patient days; the 5 year average is 1.14%, ranging from a decrease of 0.97% to an increase of 2.47%.

PROGRAM DESCRIPTION

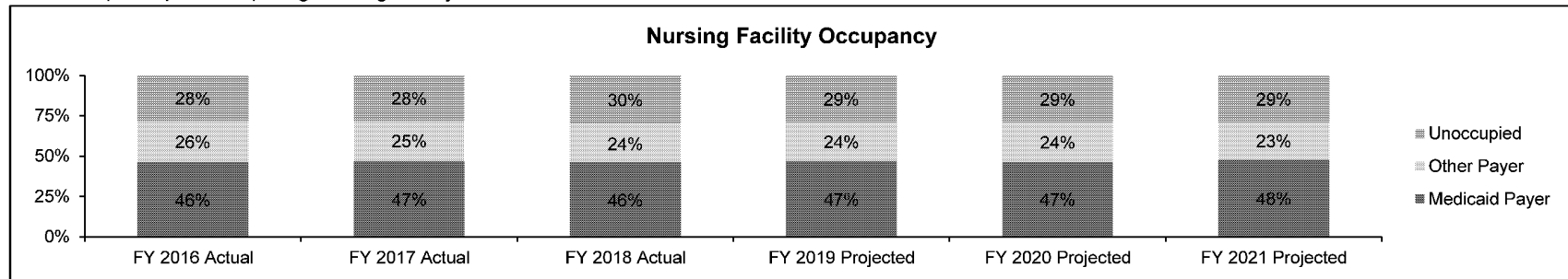
Department: Social Services

HB Section(s): 11.470

Program Name: Nursing Facility

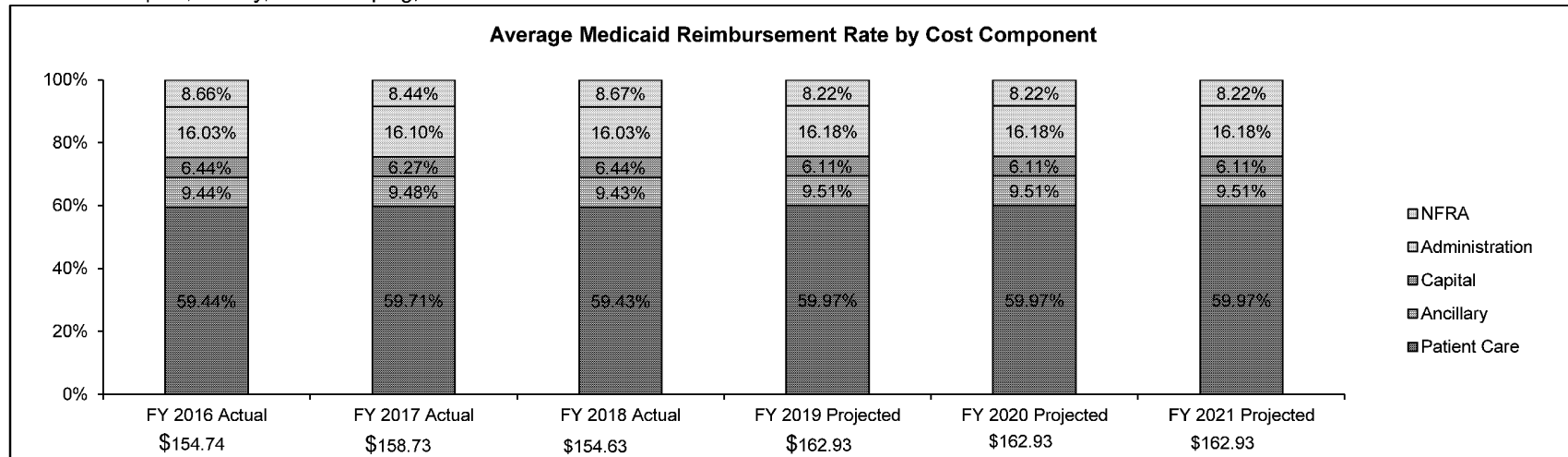
Program is found in the following core budget(s): Nursing Facility

Reimbursement is reasonable and adequate to enlist enough providers so that there are a sufficient amount of unoccupied beds available for additional MO HealthNet participants requiring nursing facility services.



2b. Provide a measure(s) of the program's quality.

The nursing facility reimbursement methodology targets and encourages quality patient care. In the past three state fiscal years, nearly 70% of the average Medicaid reimbursement rate is related to patient care, with nearly 60% being direct patient care services and more than 9% being ancillary services which includes therapies, dietary, housekeeping, etc.



PROGRAM DESCRIPTION

Department: Social Services

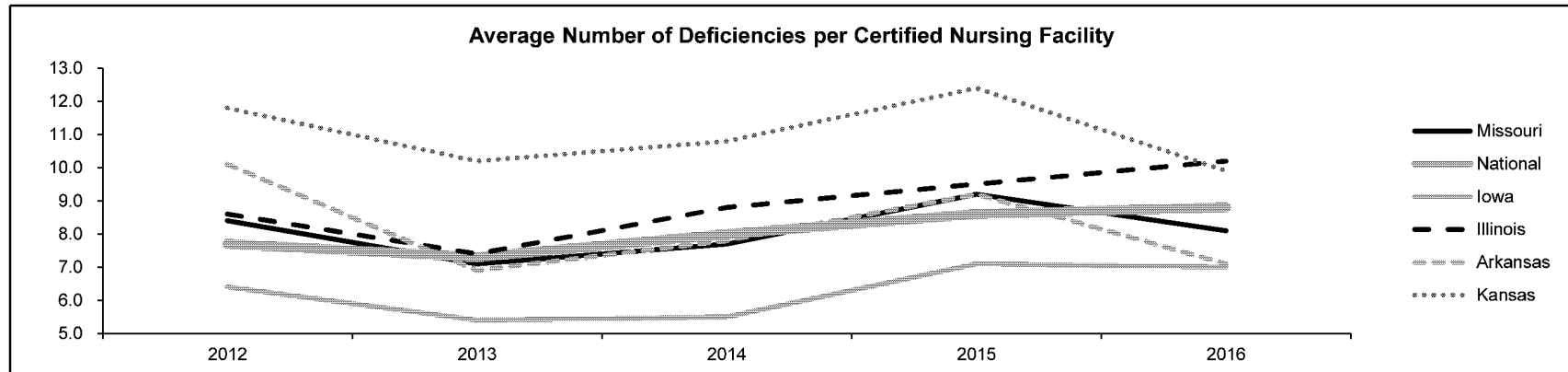
HB Section(s): 11.470

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

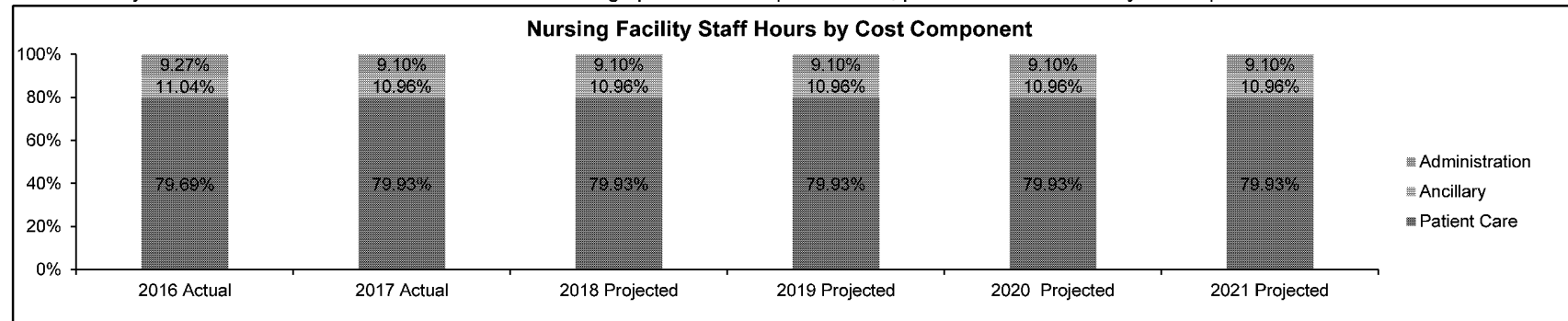
2c. Provide a measure(s) of the program's impact.

Certified nursing facilities are subject to inspections by the Department of Health and Senior Services to ensure compliance with regulations and are cited for deficiencies. Surveyors assess both the process and the outcomes of nursing facility care for 175 different requirements across 8 areas. The table below shows the average number of deficiencies per facility for the past five years for Missouri, surrounding states, and the national average.



2d. Provide a measure(s) of the program's efficiency.

The reimbursement under this program targets and encourages quality patient care through its reimbursement. The focus of the reimbursement on direct patient care is directly reflected here with over 79% of staff hours being spent on direct patient care, per the data from facility cost reports.



PROGRAM DESCRIPTION

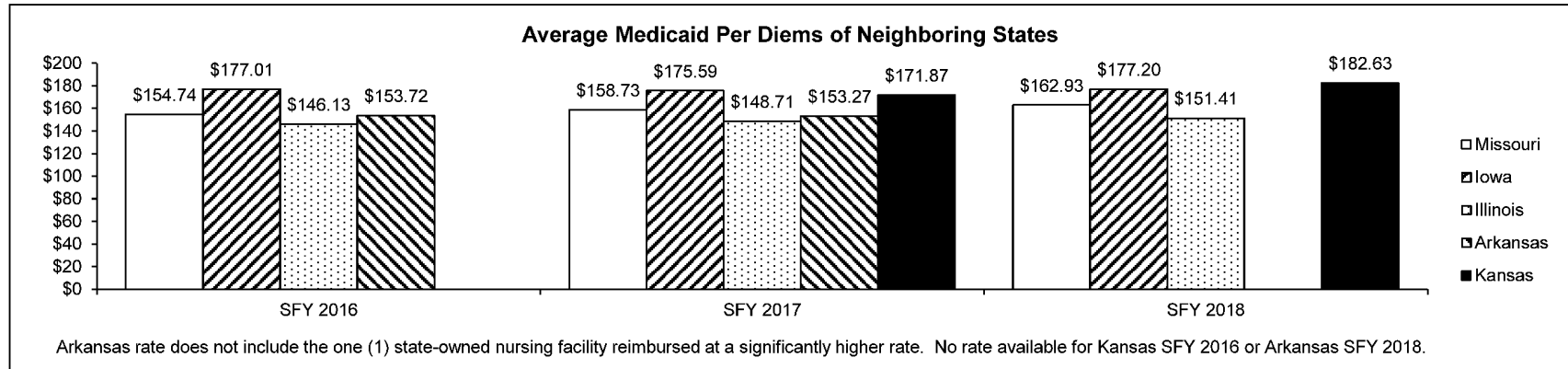
Department: Social Services

HB Section(s): 11.470

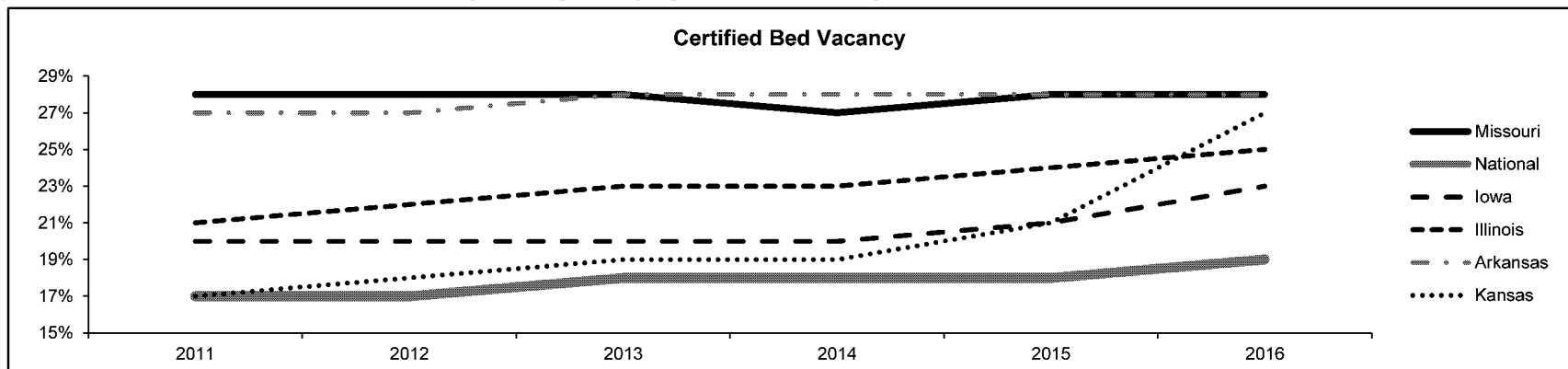
Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

Missouri's per diem rate is comparable to surrounding states. Surrounding state rates have been converted to an annual average figure, from quarterly or semiannual figures, for comparison purposes.



Missouri has enrolled a sufficient number of providers to ensure access to care for nursing facility services; compared to surrounding states, there are a greater percent of vacant beds in Missouri than nationally, and is generally higher than surrounding states.



PROGRAM DESCRIPTION

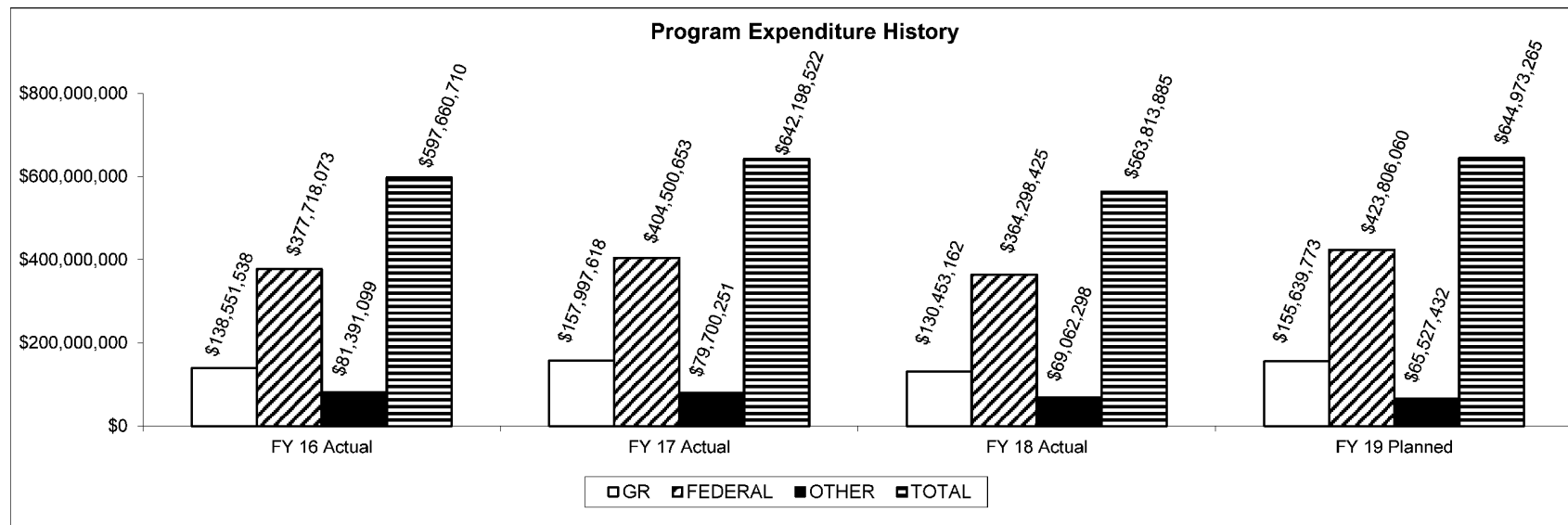
Department: Social Services

HB Section(s): 11.470

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Uncompensated Care Fund (0108), Third Party Liability Collections Fund (0120), Healthy Families Trust Fund (0625)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Law: Social Security Act Section 1905(a)(4)

Federal Reg: 42 CFR 440.40 and 440.210

State Statute: Sections 208.152, 208.153, 208.159, and 208.201, RSMo.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.470

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, 42 CFR 440.40 and 440.210 mandate this program for participants over age 21.

Home Health

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C

HB Section: 11.470

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	1,683,162	3,441,394	159,305	5,283,861		PSD				0	
TRF						TRF					
Total	1,683,162	3,441,394	159,305	5,283,861		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Health Initiatives Fund (HIF) (0275) - \$159,305

Other Funds:

2. CORE DESCRIPTION

This item funds payments for services provided through the Home Health program for the fee-for-service MO HealthNet population. This program is designed to help MO HealthNet participants remain in their home instead of seeking institutional care through the provision of clinical (or "skilled") medical services. Home Health services are also available through the MO HealthNet Managed Care health plans (*see program description in the Managed Care tab for more information*).

3. PROGRAM LISTING (list programs included in this core funding)

Home Health Services

CORE DECISION ITEM

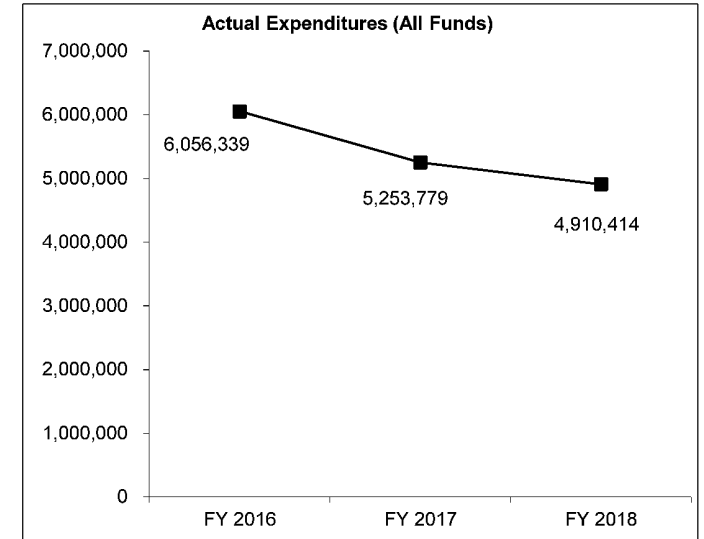
Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C

HB Section: 11.470

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	7,254,335	7,346,322	6,551,230	5,283,861
Less Reverted (All Funds)	(4,779)	(4,779)	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	7,249,556	7,341,543	6,551,230	5,283,861
Actual Expenditures (All Funds)	6,056,339	5,253,779	4,910,414	N/A
Unexpended (All Funds)	1,193,217	2,087,764	1,640,816	N/A
Unexpended, by Fund:				
General Revenue	365,822	781,442	429,525	N/A
Federal	740,542	1,306,322	1,211,291	N/A
Other	86,853	0	0	N/A
			(1)	(2)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - \$450,000 GR and \$285,319 Fed was transferred out to cover other program expenditures.

(2) FY19 - Reduction due to estimated lapse.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HOME HEALTH**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,683,162	3,441,394	159,305	5,283,861	
	Total	0.00	1,683,162	3,441,394	159,305	5,283,861	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,683,162	3,441,394	159,305	5,283,861	
	Total	0.00	1,683,162	3,441,394	159,305	5,283,861	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,683,162	3,441,394	159,305	5,283,861	
	Total	0.00	1,683,162	3,441,394	159,305	5,283,861	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HOME HEALTH									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	1,590,108	0.00	1,683,162	0.00	1,683,162	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	3,161,001	0.00	3,441,394	0.00	3,441,394	0.00	0	0.00	
HEALTH INITIATIVES	159,305	0.00	159,305	0.00	159,305	0.00	0	0.00	
TOTAL - PD	4,910,414	0.00	5,283,861	0.00	5,283,861	0.00	0	0.00	
TOTAL	4,910,414	0.00	5,283,861	0.00	5,283,861	0.00	0	0.00	
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,792	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,358	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	5,150	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	5,150	0.00	0	0.00	
GRAND TOTAL	\$4,910,414	0.00	\$5,283,861	0.00	\$5,289,011	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.470	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;"> Total \$5,289,011 </td> <td style="text-align: right; width: 15%;"> % Flex 0.25% </td> <td style="text-align: right; width: 20%;"> Flex Amount \$13,223 </td> <td style="width: 45%;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510. </td> </tr> </table>		Total \$5,289,011	% Flex 0.25%	Flex Amount \$13,223	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total \$5,289,011	% Flex 0.25%	Flex Amount \$13,223	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
.25% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90546C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.470	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: right;">Total</td> <td style="width: 10%; text-align: right;">% Flex</td> <td style="width: 10%; text-align: right;">Flex Amount</td> <td style="width: 60%;"></td> </tr> <tr> <td style="text-align: right;">\$5,289,011</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$528,901</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.</td> </tr> </table>		Total	% Flex	Flex Amount		\$5,289,011	10%	\$528,901	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total	% Flex	Flex Amount							
\$5,289,011	10%	\$528,901	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED								
\$735,319	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.								
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED									
10% flexibility is being requested for FY20									
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
CORE								
PROGRAM DISTRIBUTIONS	4,910,414	0.00	5,283,861	0.00	5,283,861	0.00	0	0.00
TOTAL - PD	4,910,414	0.00	5,283,861	0.00	5,283,861	0.00	0	0.00
GRAND TOTAL	\$4,910,414	0.00	\$5,283,861	0.00	\$5,283,861	0.00	\$0	0.00
GENERAL REVENUE	\$1,590,108	0.00	\$1,683,162	0.00	\$1,683,162	0.00		0.00
FEDERAL FUNDS	\$3,161,001	0.00	\$3,441,394	0.00	\$3,441,394	0.00		0.00
OTHER FUNDS	\$159,305	0.00	\$159,305	0.00	\$159,305	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.470

Program Name: Home Health

Program is found in the following core budget(s): Home Health

1a. What strategic priority does this program address?

Access to in-home services and reduce cost of care.

1b. What does this program do?

Home health services are medically-oriented treatment or intermittent supervision for individuals with an acute illness which can be therapeutically managed at home. Home health care follows a written plan of treatment reviewed every 60 days by an authorized ordering physician. Home health services include skilled nursing; home health aide; medical supplies; and physical, occupational and speech therapies. Only participants who are eligible under aid categories for children, pregnant women, or blind individuals are eligible for physical, occupational and speech therapies provided through home health. Therapy is limited and must be reasonable and necessary for restoration to an optimal level of functioning following an injury or illness.

Rate History

7/1/18: ~1.5% rate increase to a cap rate of \$78.32.

7/1/17: 3% rate decrease to a cap rate of \$77.16.

7/1/16: ~2% rate increase to a cap rate of \$79.47

1/1/16: 1% rate increase funded with Tax Amnesty Fund to a cap rate of \$77.90

7/1/15: \$13.01 rate increase for Rate Stabilization to a cap rate of \$77.16

7/1/08: \$0.88 rate increase to a cap rate of \$64.15

7/1/07: \$0.48 rate increase to a cap rate of \$63.27

7/1/06: \$1.00 rate increase to a cap rate of \$62.79

7/1/05: \$1.97 rate increase to a cap rate of \$61.79

PROGRAM DESCRIPTION

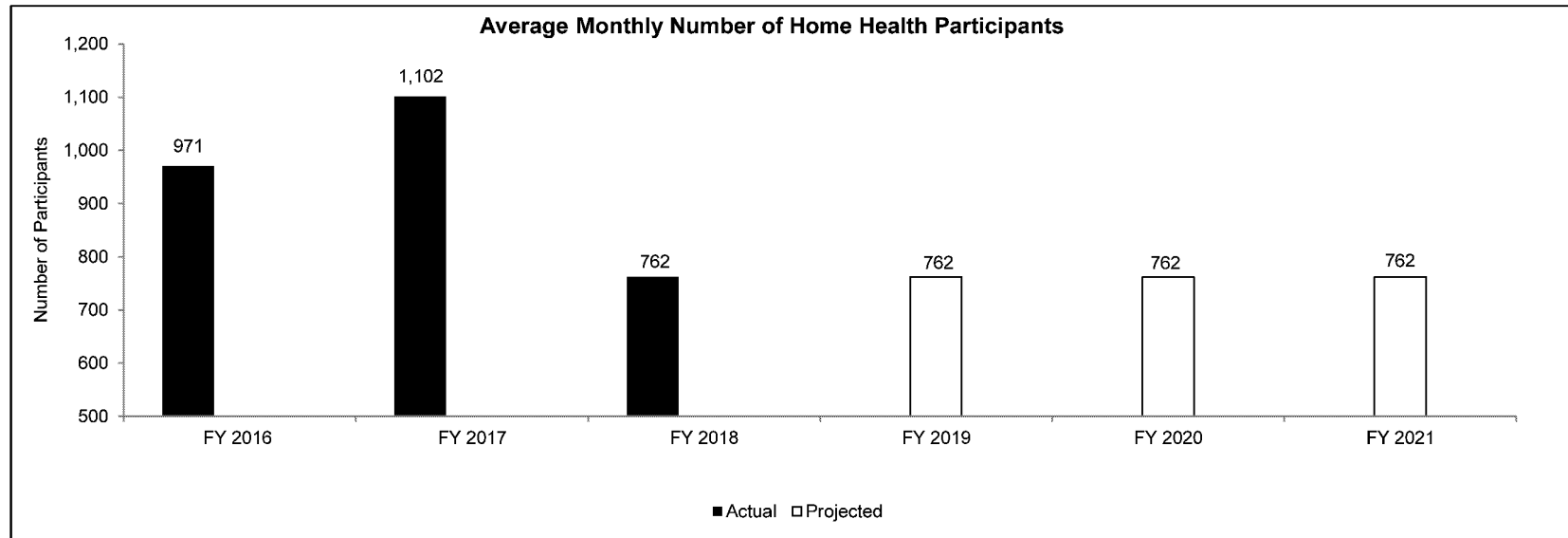
Department: Social Services

HB Section(s): 11.470

Program Name: Home Health

Program is found in the following core budget(s): Home Health

2a. Provide an activity measure(s) for the program.



Reflects a shift to statewide Managed Care in FY17.

The intention is not to keep utilization the same as FY18; however, due to uncertainty surrounding CMS face to face requirements, it would be difficult to project utilization for FY19 at this time. MHD is tracking utilization to determine trends and identify future needs.

PROGRAM DESCRIPTION

Department: Social Services

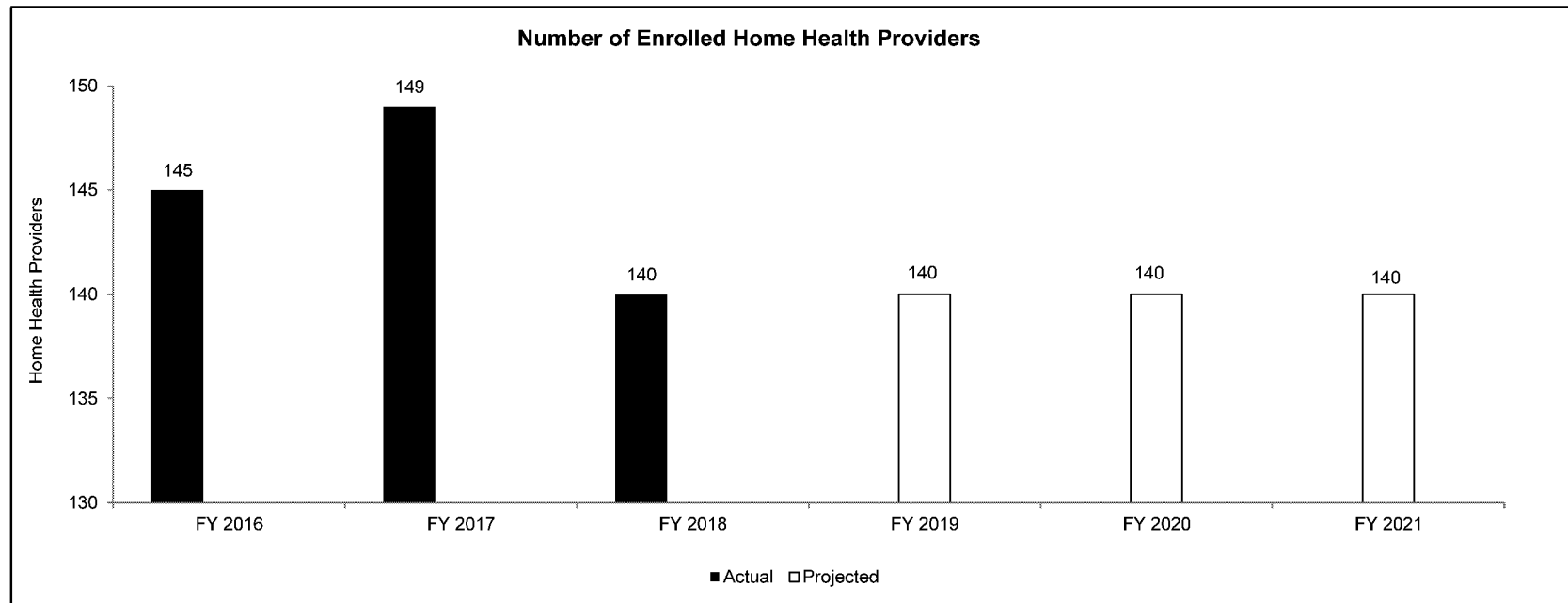
HB Section(s): 11.470

Program Name: Home Health

Program is found in the following core budget(s): Home Health

2b. Provide a measure(s) of the program's quality.

The number of enrolled providers is correlated to participant access to services, choices participants have in their service providers, and healthcare options. If the fee schedule is reasonable to the provider, policies and forms are clear and easy to understand, and supports are in place for providers, that may influence providers' decisions to enroll or to continue as a MHD provider.



The intention is not to keep provider enrollment the same as FY18; however, due to uncertainty surrounding CMS face to face requirements, it would be difficult to project provider enrollment for FY19 at this time. MHD is tracking enrollment to determine trends and identify future needs.

PROGRAM DESCRIPTION

Department: Social Services

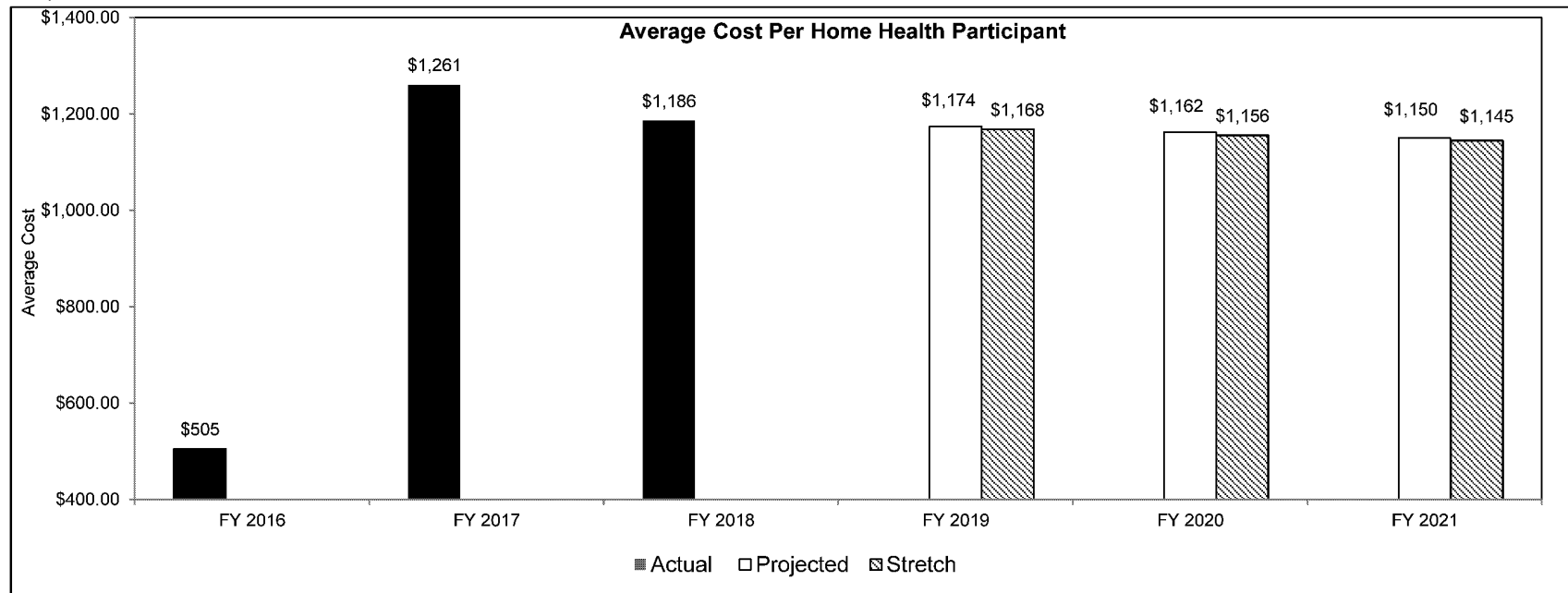
HB Section(s): 11.470

Program Name: Home Health

Program is found in the following core budget(s): Home Health

2c. Provide a measure(s) of the program's impact.

Based on program activity and participants served, the below graph shows that, in FY 2018, the program's financial impact was an average cost of \$1,186 per participant.



Downward projection based upon previous two fiscal year participant numbers.

PROGRAM DESCRIPTION

Department: Social Services

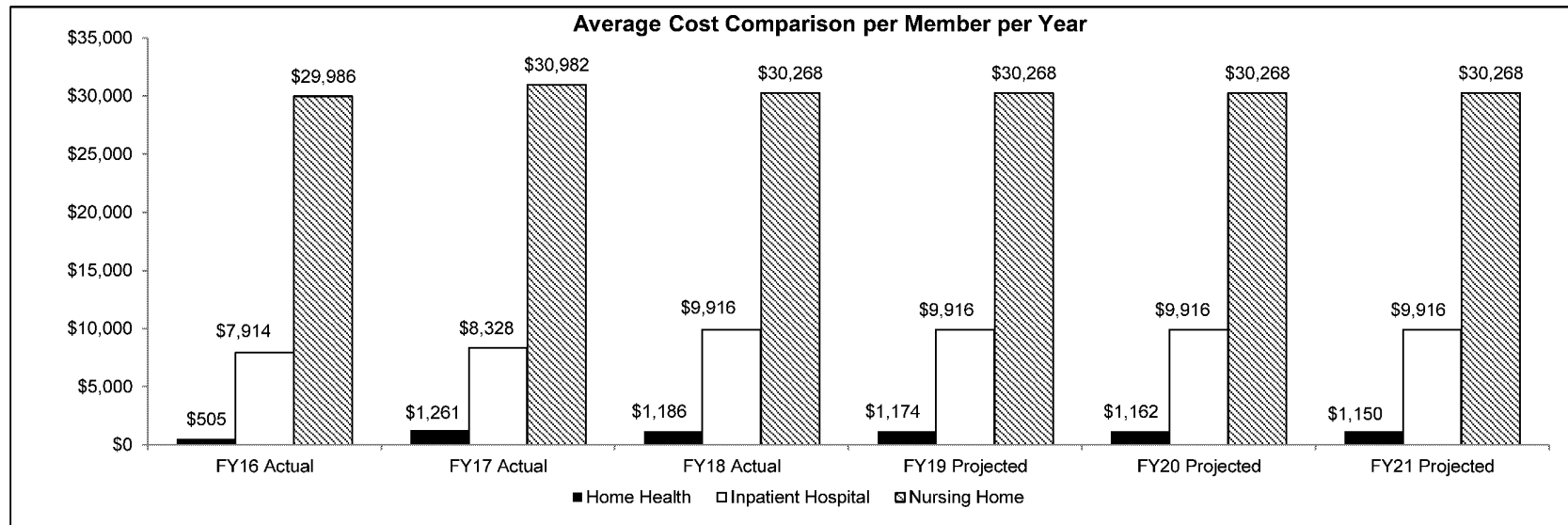
HB Section(s): 11.470

Program Name: Home Health

Program is found in the following core budget(s): Home Health

2d. Provide a measure(s) of the program's efficiency.

If a participant is able to manage acute illness successfully in the home with Home Health services, the cost of Inpatient Hospital and/or Nursing Home services will be averted.



PROGRAM DESCRIPTION

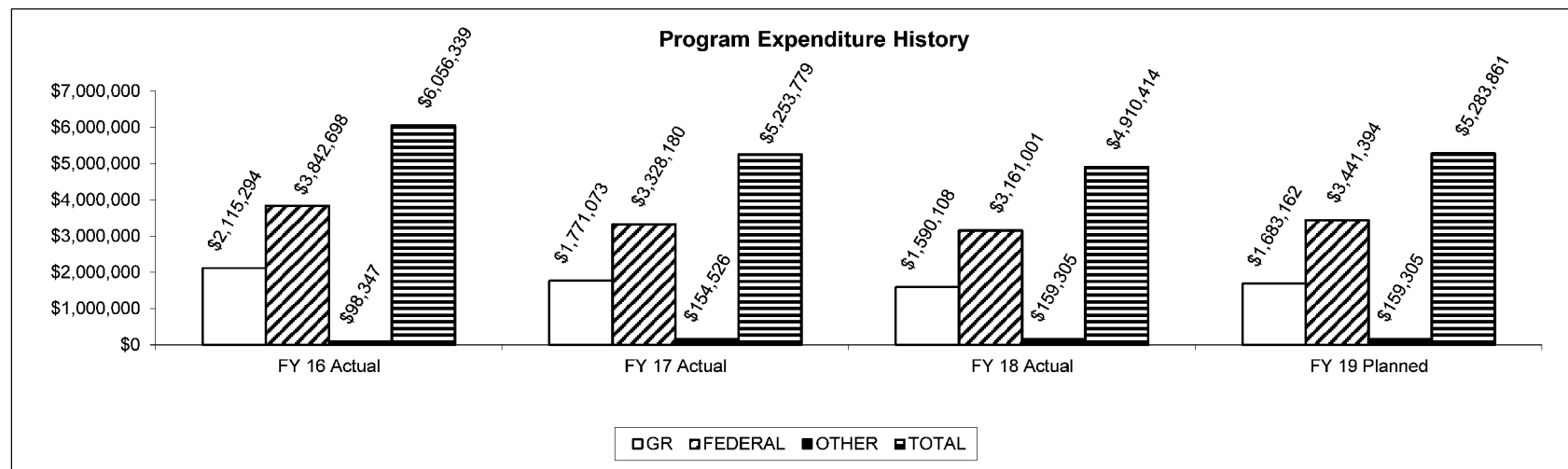
Department: Social Services

HB Section(s): 11.470

Program Name: Home Health

Program is found in the following core budget(s): Home Health

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152 RSMo; Federal law: Social Security Act Section 1905(a)(24), 1905(a)(7) and 1915(c);

Federal Regulations: 42 CFR 440.170(f), 440.210, 440.130 and 440.180 and 460.

Social Security Act Sections: 1894, 1905(a) and 1934

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Home Health is a mandatory Medicaid program.

Long Term Support Payment

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.475

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD		7,140,229	3,810,539	10,950,768		PSD				0	
TRF						TRF					
Total	0	7,140,229	3,810,539	10,950,768		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Long Term Support UPL (0724) - \$3,810,539

Other Funds:

2. CORE DESCRIPTION

This program provides a supplemental payment to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit.

3. PROGRAM LISTING (list programs included in this core funding)

Long Term Support Payments

CORE DECISION ITEM

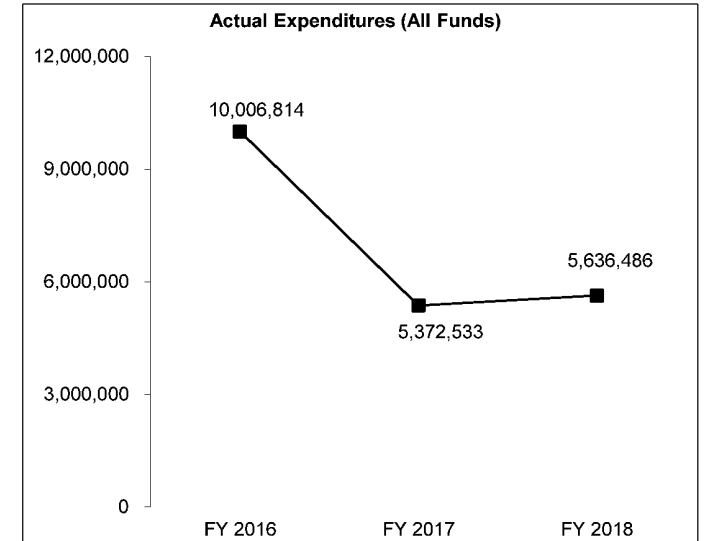
Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.475

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	10,950,768	10,950,768	10,950,768	N/A
Actual Expenditures (All Funds)	10,006,814	5,372,533	5,636,486	N/A
Unexpended (All Funds)	943,954	5,578,235	5,314,282	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	629,282	2,891,933	3,474,141	N/A
Other	314,672	2,686,302	1,840,141	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
LONG TERM SUPPORT PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	7,140,229	3,810,539	10,950,768	
	Total	0.00	0	7,140,229	3,810,539	10,950,768	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	7,140,229	3,810,539	10,950,768	
	Total	0.00	0	7,140,229	3,810,539	10,950,768	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	7,140,229	3,810,539	10,950,768	
	Total	0.00	0	7,140,229	3,810,539	10,950,768	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
LONG TERM SUPPORT PAYMENTS									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	3,562,823	0.00	7,140,229	0.00	7,140,229	0.00	0	0.00	
LONG-TERM SUPPORT UPL	2,073,663	0.00	3,810,539	0.00	3,810,539	0.00	0	0.00	
TOTAL - PD	5,636,486	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00	
TOTAL	5,636,486	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00	
GRAND TOTAL	\$5,636,486	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
LONG TERM SUPPORT PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	5,636,486	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
TOTAL - PD	5,636,486	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
GRAND TOTAL	\$5,636,486	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$3,562,823	0.00	\$7,140,229	0.00	\$7,140,229	0.00		0.00
OTHER FUNDS	\$2,073,663	0.00	\$3,810,539	0.00	\$3,810,539	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.475

Program Name: Long Term Support Payments

Program is found in the following core budget(s): Long Term Support Payments

1a. What strategic priority does this program address?

Provide additional reimbursement to qualifying public nursing facilities

1b. What does this program do?

This program provides additional reimbursement to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit (UPL). State Medicaid programs cannot pay nursing facilities more than what Medicare would have paid (i.e., Medicare UPL) in the aggregate for the different ownership/operating categories of nursing facilities (i.e., state government, non-state government and private).

Annual payments are, or have been, made to the following qualifying public nursing facilities through an approved state plan amendment:

- Truman Medical Center - Lakewood
- Pemiscot Memorial Hospital
- Caruthersville Nursing Center (through SFY 2016)

An intergovernmental transfer (IGT) process is used to fund the non-federal share of the payment. The qualifying facilities use the IGT process to transfer the non-federal share of payments to the state prior to the state making the payments. The state pays out the total claimable amount, including both the state and federal share. The state demonstrates that the non-federal share of the payments is transferred to, and is under the administrative control of, the MO HealthNet Division before the total computable payment is made to the qualifying public nursing facilities.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

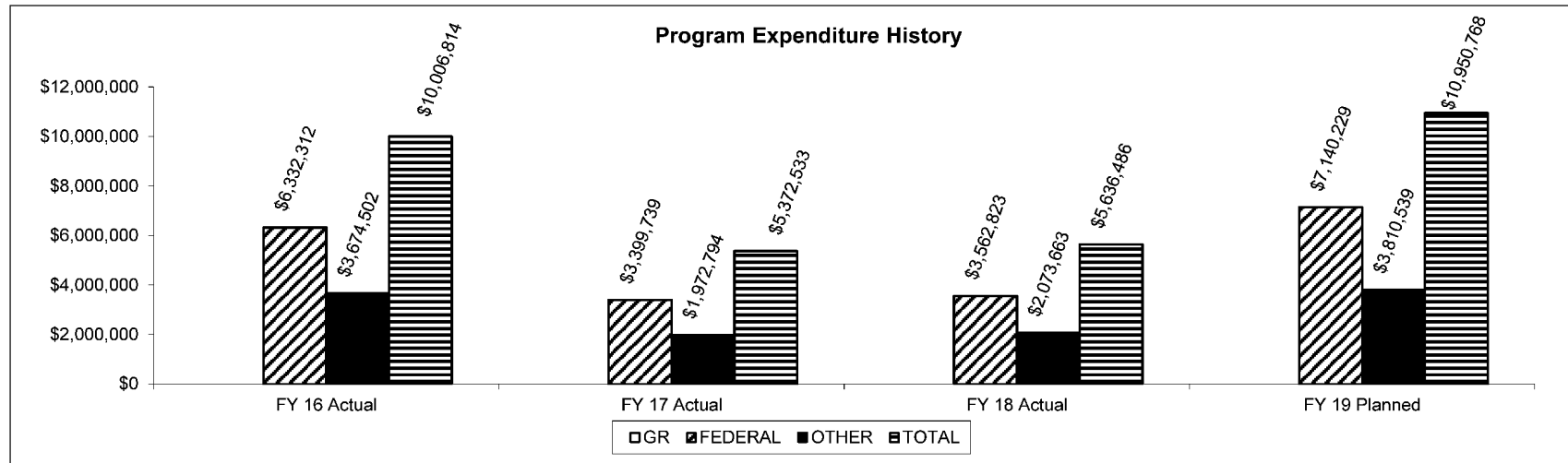
Department: Social Services

HB Section(s): 11.475

Program Name: Long Term Support Payments

Program is found in the following core budget(s): Long Term Support Payments

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Long Term Support UPL Fund (0724)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Reg: 42 CFR 447.272

State Statute: Section 208.201, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

Rehab & Specialty Services

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C

HB Section: 11.480

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	82,898,963	169,367,482	26,620,851	278,887,296		PSD				0	
TRF						TRF					
Total	82,898,963	169,367,482	26,620,851	278,887,296		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

Healthy Families Trust Fund (0625) - \$831,745
 Health Initiatives Fund (HIF) (0275) - \$194,881
 Nursing Facility Reimbursement Allowance (NFRA) (0196) - \$1,414,043
 Ambulance Service Reimbursement Allowance (0958) - \$24,180,182

Other Funds:

2. CORE DESCRIPTION

This item funds rehabilitation and specialty services for the fee-for-service MO HealthNet population. The services funded from this core include: audiology/hearing aid; optical; durable medical equipment (DME); ambulance; physical therapy, occupational therapy, speech therapy, and adaptive training for prosthetic/orthotic devices performed in a rehabilitation center; hospice; comprehensive day rehabilitation for individuals with traumatic brain injuries; and children's residential treatment. Rehabilitation and specialty services are also available through the MO HealthNet Managed Care health plans (*see program description in the Managed Care tab for more information*).

3. PROGRAM LISTING (list programs included in this core funding)

Rehabilitation and Specialty Services

CORE DECISION ITEM

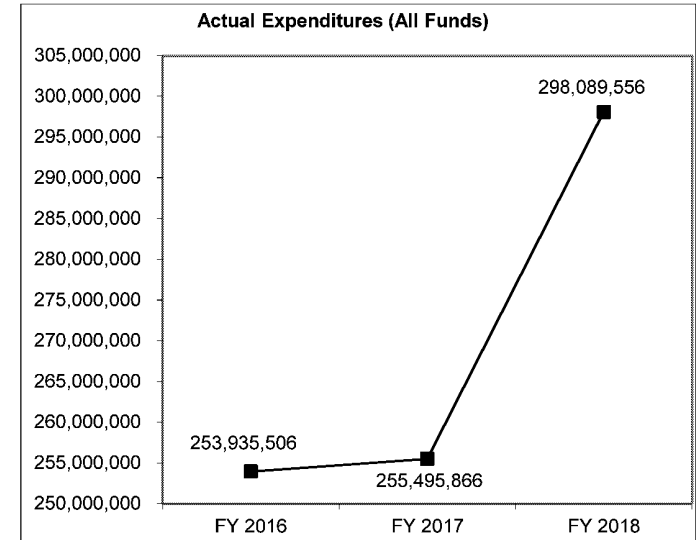
Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C

HB Section: 11.480

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	252,982,858	259,008,150	304,758,262	278,887,296
Less Reverted (All Funds)	(5,846)	(5,846)	0	N/A
Less Restricted (All Funds)	0	(22,414)	0	N/A
Budget Authority (All Funds)	252,977,012	258,979,890	304,758,262	N/A
Actual Expenditures (All Funds)	253,935,506	255,495,866	298,089,556	N/A
Unexpended (All Funds)	(958,494)	3,484,024	6,668,706	N/A
Unexpended, by Fund:				
General Revenue	1,494,413	0	731,800	N/A
Federal	0	3,842,033	5,386	N/A
Other	131,280	1,522,147	5,931,520	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - \$2,584,245 federal fund authority was flexed from the CHIP section to Rehab & Specialty.

\$25,770,659 was paid from MC Expansion.

(2) FY17 - \$35,272,543 paid from MC.

(3) FY18 - The Governor released \$727,070 GR on the last day of the fiscal year that was not able to be spent.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
REHAB AND SPECIALTY SERVICES**

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		PD	0.00	86,032,609	175,239,465	26,620,851	287,892,925	
		Total	0.00	86,032,609	175,239,465	26,620,851	287,892,925	
DEPARTMENT CORE ADJUSTMENTS								
Core Reduction	1355 8205	PD	0.00	0	(5,871,983)	0	(5,871,983)	Corresponding federal core reduction due to GR pickup for IV-E Residential Treatment rebasing
Core Reallocation	1356 8204	PD	0.00	(3,133,646)	0	0	(3,133,646)	Reallocation to CD RTS (HB 11.235) program due to IV-E Residential Treatment rebasing
NET DEPARTMENT CHANGES			0.00	(3,133,646)	(5,871,983)	0	(9,005,629)	
DEPARTMENT CORE REQUEST								
		PD	0.00	82,898,963	169,367,482	26,620,851	278,887,296	
		Total	0.00	82,898,963	169,367,482	26,620,851	278,887,296	
GOVERNOR'S RECOMMENDED CORE								
		PD	0.00	82,898,963	169,367,482	26,620,851	278,887,296	
		Total	0.00	82,898,963	169,367,482	26,620,851	278,887,296	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
REHAB AND SPECIALTY SERVICES									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	43,748	0.00	0	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	43,748	0.00	0	0.00	0	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	250,000	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	337,496	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	99,426,693	0.00	86,032,609	0.00	82,916,661	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	177,886,036	0.00	175,239,465	0.00	169,349,784	0.00	0	0.00	
NURSING FACILITY FED REIM ALLW	1,414,043	0.00	1,414,043	0.00	1,414,043	0.00	0	0.00	
HEALTH INITIATIVES	194,881	0.00	194,881	0.00	194,881	0.00	0	0.00	
HEALTHY FAMILIES TRUST	831,745	0.00	831,745	0.00	831,745	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	17,998,662	0.00	24,180,182	0.00	24,180,182	0.00	0	0.00	
TOTAL - PD	297,752,060	0.00	287,892,925	0.00	278,887,296	0.00	0	0.00	
TOTAL	298,089,556	0.00	287,892,925	0.00	278,887,296	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	12,545,953	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	10,201,294	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	22,747,247	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	22,747,247	0.00	0	0.00	
Hospice Rate Increase - 1886022									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	130,613	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	244,743	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	375,356	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	375,356	0.00	0	0.00	
Hospice Rate (95%) CTC - 1886023									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,840,526	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
REHAB AND SPECIALTY SERVICES									
Hospice Rate (95%) CTC - 1886023									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,448,796	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	5,289,322	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	5,289,322	0.00	0	0.00	
Asset Limit CTC - 1886039									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	329,924	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	805,393	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	0	0.00	99,892	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,235,209	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,235,209	0.00	0	0.00	
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	237,916	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	578,902	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	0	0.00	71,028	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	887,846	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	887,846	0.00	0	0.00	
GRAND TOTAL	\$298,089,556	0.00	\$287,892,925	0.00	\$309,422,276	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.480	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;">Total</td> <td style="text-align: right; width: 15%;">% Flex</td> <td style="text-align: right; width: 15%;">Flex Amount</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: right;">\$309,422,276</td> <td style="text-align: right;">0.25%</td> <td style="text-align: right;">\$773,556</td> <td>Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.</td> </tr> </table>		Total	% Flex	Flex Amount		\$309,422,276	0.25%	\$773,556	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total	% Flex	Flex Amount							
\$309,422,276	0.25%	\$773,556	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.	.25% flexibility is being requested for FY20							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.								

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.480	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;">Total</td> <td style="text-align: right; width: 15%;">% Flex</td> <td style="text-align: right; width: 15%;">Flex Amount</td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: right;">\$309,422,276</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$30,942,228</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.</td> </tr> </table>		Total	% Flex	Flex Amount		\$309,422,276	10%	\$30,942,228	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total	% Flex	Flex Amount							
\$309,422,276	10%	\$30,942,228	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$18,265,287	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.	10% flexibility is being requested for FY20							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
CORE								
PROFESSIONAL SERVICES	337,496	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	337,496	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	297,752,060	0.00	287,892,925	0.00	278,887,296	0.00	0	0.00
TOTAL - PD	297,752,060	0.00	287,892,925	0.00	278,887,296	0.00	0	0.00
GRAND TOTAL	\$298,089,556	0.00	\$287,892,925	0.00	\$278,887,296	0.00	\$0	0.00
GENERAL REVENUE	\$99,470,441	0.00	\$86,032,609	0.00	\$82,916,661	0.00		0.00
FEDERAL FUNDS	\$177,929,784	0.00	\$175,239,465	0.00	\$169,349,784	0.00		0.00
OTHER FUNDS	\$20,689,331	0.00	\$26,620,851	0.00	\$26,620,851	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

1a. What strategic priority does this program address?

Provide additional support services to MHD participants

1b. What does this program do?

The purpose of the Rehabilitation and Specialty Services programs is to ensure that medical services are provided to MO HealthNet participants, who would otherwise not have access to such services. The MHD ensures this by reimbursing providers for rehabilitation and specialty services that are medically necessary for eligible participants.

Rehabilitation and specialty services funded from this core include the following:

- Audiology/Hearing Aid;
- Optical;
- Durable Medical Equipment (DME);
- Ambulance;
- Physical therapy, occupational therapy, speech therapy, and adaptive training for prosthetic/orthotic devices when performed in a rehabilitation center;
- Hospice;
- Comprehensive day rehabilitation for individuals with traumatic brain injuries; and
- Children's residential treatment.

Unless otherwise noted, rehabilitation and specialty services are covered only for participants who are under the age of 21, pregnant women, the blind, and nursing home facility residents (including Independent Care Facilities for individuals with Intellectual Disabilities - ICD/ID).

PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Reimbursement Methodology

Audiology/Hearing Aid, Optical, Comprehensive Day Rehabilitation, DME and Rehabilitative Therapies Reimbursement

The majority of rehabilitation and specialty services are reimbursed on a fee schedule, although, a few services are reimbursed manually, whereby each procedure or claim is priced individually by a medical consultant based on the unique circumstances of the case. Certain procedures are only reimbursable with prior approval.

- All hearing aids and related services must have prior approval except audiometric testing, post-fitting evaluation, post-fitting adjustment, and repairs to hearing aids no longer under warranty. A MO HealthNet audiologist consultant gives prior authorization for the claims. MO HealthNet requires pre-certification for optical services provided to MO HealthNet fee-for-service participants through MHD's web tool, CyberAccessSM. Pre-certification is similar to prior authorization, but services are authorized through an automated tool while a prior authorization requires approval from a clinical consultant.
- Comprehensive day rehabilitation services require prior authorization. Reimbursement is made for either a full day or half day of services.
- Certain DME items require prior authorization because not all DME classified items may be covered in every instance. MO HealthNet reimbursement is only available if the item is reasonable and necessary for treatment of an illness or injury, or to improve the functioning of a malformed or permanently inoperative body part; meets the definition of durable medical equipment or prosthesis; and is used in the participant's home.
- Rehabilitative therapies such as adaptive training in connection with the receipt of an orthotic or prosthetic device or artificial larynx can be provided in rehabilitation centers, outpatient hospital clinics, and home health settings. Physical, occupational, and speech therapies can be provided in rehabilitation centers, outpatient hospital clinics, physician-related service facilities, schools, and home health settings. Reimbursement is only made from the Rehab and Specialty Services appropriation when the service is provided by a rehabilitation center. See program descriptions for Hospital, Physician-Related Services, School District Medicaid Claiming, and Home Health for additional reimbursement methodologies for these services.

Ambulance Reimbursement

Ambulance transportation is reimbursed based on a base charge at the lesser of billed charges or the MHD maximum fee for patient pickup and transportation to the destination. The base charge may be reimbursed for basic, advanced life support no specialized services rendered, advanced life support level 1, or advanced life support level 2.

Under the ambulance fee schedule, payment is made according to the level of medically necessary services actually furnished. That is, payment is based on the level of service furnished (provided they were medically necessary), not simply on the vehicle used. Even if a local government requires an ALS response for all calls, payment under the fee schedule is made only for the level of service furnished, and only when the service is medically necessary.

MO HealthNet reimburses the amount indicated by Medicare to be deductible and/or coinsurance amounts of the Medicare allowed amount for patients having both Medicare and MO HealthNet eligibility.

PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Hospice Reimbursement

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages. MO HealthNet rates are calculated based on the annual hospice rates established by Medicare. In addition, Section 1814 (I)(1)(C)(ii) of the Social Security Act provides for an annual increase in the hospice cap amounts. Nursing home room and board is reimbursed to the hospice provider at 95% of the nursing home rate on file. The hospice is responsible for paying the nursing home.

Children's Residential Treatment Reimbursement

MO HealthNet provides reimbursement for Title XIX eligible expenditures for children served by contracted residential facilities.

Reimbursement is made on a per diem basis. The per diem is dependent upon the level of care required for each child. *For more information on Children's Residential Treatment rates, see the Children's Division budget book.*

Service Information

Audiology/Hearing Aid

Audiology/Hearing Aid program provides medically necessary audiology services to MHD participants. MHD reimburses Audiology providers for hearing screens. Hearing screens are necessary for obtaining a hearing aid. Hearing aids are a covered service for children ages 20 and under, pregnant women, participants in a category of assistance for the blind and participants living in a vendor/nursing facility.

The intent of this program is to prevent additional or total hearing loss for children under the age of 20, as well as, provide a better quality of life to all hearing impaired participants. MHD attempts to increase a participant's quality of life and to reduce future MHD spending for speech/language therapy and cognitive development services for hearing impaired children.

This program only provides hearing aids and related covered services. Covered services include audiological testing, hearing aids, ear molds, hearing aid fitting, hearing aid dispensing/evaluation, post-fitting evaluation, post-fitting adjustments, and hearing aid repairs. A participant is entitled to one new hearing aid and related services every four years. However, services for children under the EPSDT program are determined to be whatever is medically necessary. The EPSDT claims are reviewed by the MHD's audiology consultant only if rejected by the computer system. *See the Physician Services for more information about EPSDT benefits.*

Optical

The MO HealthNet Optical Program covers the following types of providers and services:

- Optometrists - eye examinations, eyeglasses, artificial eyes, and special ophthalmological services;
- Physicians - eyeglasses, artificial eyes (physician must be enrolled in the Optical program in order to bill for these services); and
- Opticians - eyeglasses and artificial eyes.

PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Participants who are age 20 and under or who are pregnant, blind, or in a nursing facility (including ICF/ID) are eligible for an eye exam every 12 months. MO HealthNet participants age 21 and over are eligible for an eye exam every 24 months. Participants are eligible for eye exams within the stated time periods if the participant has a .50 diopter change in one or both eyes. MO HealthNet eligible participants are allowed 1 pair of complete eyeglasses every 2 years. Participants that have a .50 diopter change within the stated time periods may be eligible to receive a new lens. An optometrist is used as a consultant for this program. The consultant reviews prescriptions that do not meet the program criteria. Services related to trauma or treatment of disease/medical conditions remain a covered benefit for all MO HealthNet participants.

Ambulance

Emergency medical transportation is provided under the ambulance program. Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital. Certain specified non-emergency but medically necessary ambulance transports are also covered. Reimbursement is provided for the base charge in addition to the services listed below:

Basic Life Support (BLS) Services:

- Supplies
- Medications
- Services that do not meet the criteria for ALS level of care.

Advanced Life Support (ALS) Services:

- Services included in the BLS level of care
- Specialized services such as special attendants for the patient while enroute to the hospital
- Vehicle operating expenses
- Waiting time – the amount of time an ambulance spends waiting to see if the patient is to be admitted to the hospital)
- Unloaded trip mileage from base to point of pickup
- Unloaded trip mileage from point of destination back to base
- Reusable durable medical equipment

Base charge reimbursement to ambulance providers are covered in the following situations:

- BLS Services
- ALS Services – “no specialized services rendered”
- ALS Services, Level 1
- ALS Services, Level 2

Ambulance services can be provided through ground or air transportation (helicopter/fixed wing) as medically necessary.

PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Providers are required to provide the MHD with the Missouri Ambulance Reporting Form (trip ticket) to receive reimbursement when mileage charges are indicated on the CMS-1500 claim form. Charges for mileage must be based on loaded mileage, from the point of pickup of a participant to his or her arrival at the intended destination. The MHD does not reimburse for mileage that is less than 0.5 miles from point of pickup to destination.

DME

MO HealthNet reimburses qualified Durable Medical Equipment (DME) providers for certain items of durable medical equipment such as: prosthetics; oxygen and respiratory care equipment; ostomy supplies; wheelchairs; wheelchair accessories; labor and repair codes. These items must be prescribed.

The following DME items are covered for MO HealthNet participants: apnea monitors; artificial larynx and related items; augmentative communication devices; canes; crutches; commodes; bed pans; adult incontinence briefs; urinals; CPAP devices; decubitus care equipment; hospital beds; side rails; humidifiers; BiPAP machines; IPPB machines; insulin pumps and supplies; labor and repair codes; nebulizers; orthotics; ostomy supplies; oxygen and respiratory equipment; patient lifts and trapeze; prosthetics; scooters; suction pumps; total parenteral nutrition mix; supplies and equipment; wheelchairs; wheelchair accessories; and walkers.

Rate History

Audiology/Hearing Aid, Optical, DME, and Rehabilitative Therapies

07/01/2018: 1.5% rate increase for all covered services*

07/01/2017: 3% rate decrease for all covered services

07/01/2016: ~2% rate increase for all covered services

01/01/2016: 1% rate increase for all covered services (funded by the Tax Amnesty Fund)

** All covered services in these programs received a rate increase with the exception of DME services affected by the 21st Century CURES Act, as described in the MHD Provider Bulletin located at <https://dss.mo.gov/mhd/providers/pdf/bulletin41-06-2018july19.pdf>*

Ambulance

07/01/2018: 1.5% rate increase for all ambulance services

07/01/2017: \$45 base rate increase for ground ambulance - 3% rate decrease for all ambulance services*

07/01/2016: \$45 base rate increase for ground ambulance; ~2% rate increase for all ambulance services; and an additional 51% increase for certain helicopter emergency services*

01/01/2016: 1% rate increase for all ambulance services (funded by the Tax Amnesty Fund)

07/01/2014: \$45 base rate increase for ground ambulance*

** Base rates are paid based on an established fee schedule and vary depending upon the appropriate billing code. The \$45 increase was added to each billing code's rate on the existing MHD Ambulance Fee Schedule.*

PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

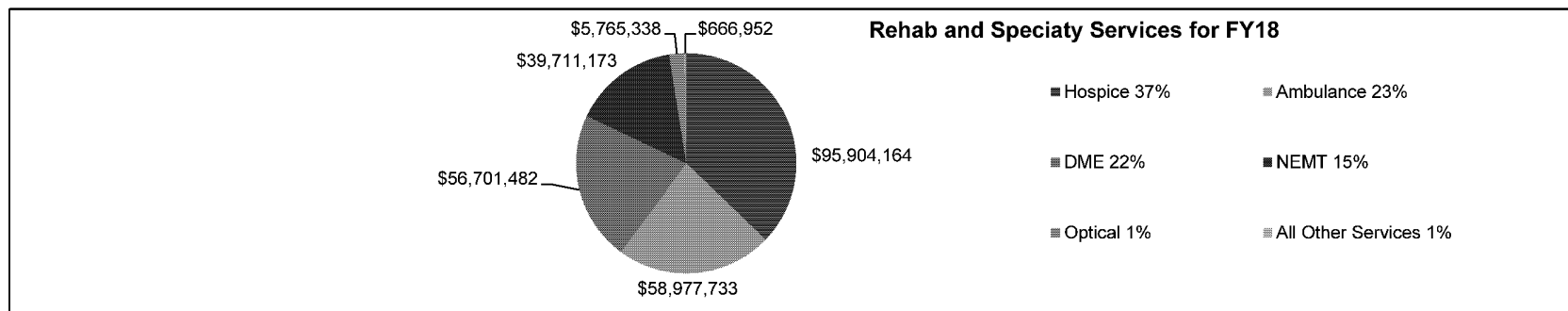
HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

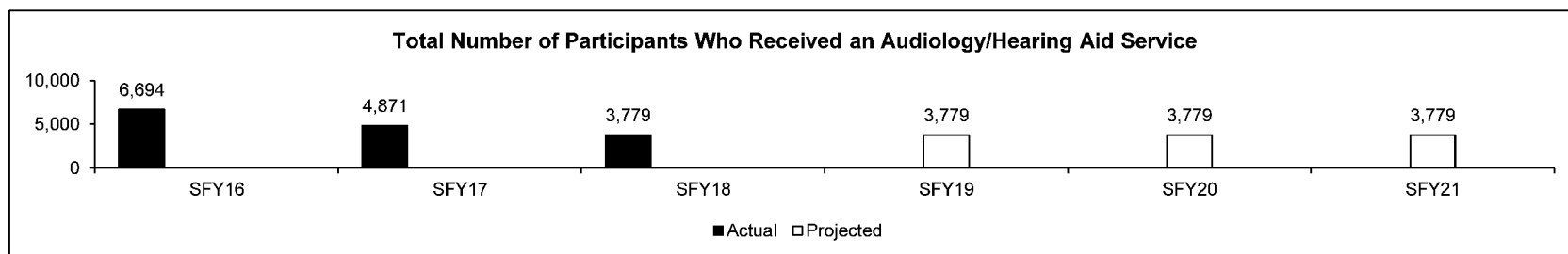
2a. Provide an activity measure(s) for the program.

The total number of fee-for-service participants eligible for Rehab and Specialty services was 290,766 (as of July 2018). The rehab program comprises 3.04% of the total Medicaid program dollars. The top 5 services within the Rehab and Specialty services program were hospice, ambulance, DME, non-emergency medical transportation, and optical, based on total SFY 2018 expenditures. All other service types that make up less than 1% of total expenditures include: audiology services, rehabilitation center services, non-participating provider services, comprehensive day rehabilitation services, and disease management services.



Audiology/Hearing Aid

MHD attempts to improve the quality of life for eligible participants in an attempt to reduce future MHD spending for other services needed for hearing loss/impairment. For adults who qualify for hearing aids (nursing home residents, pregnant women and blind participants), increasing the quality of life would potentially reduce MHD spending in other programs such as behavioral health and speech/language services. By increasing utilization by 2% (base) in SFY19 and SFY20, MHD may see a potential cost savings in other programs. An increase of 3% (stretch) in SFY 19 and SFY 20 would increase the cost savings.



PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

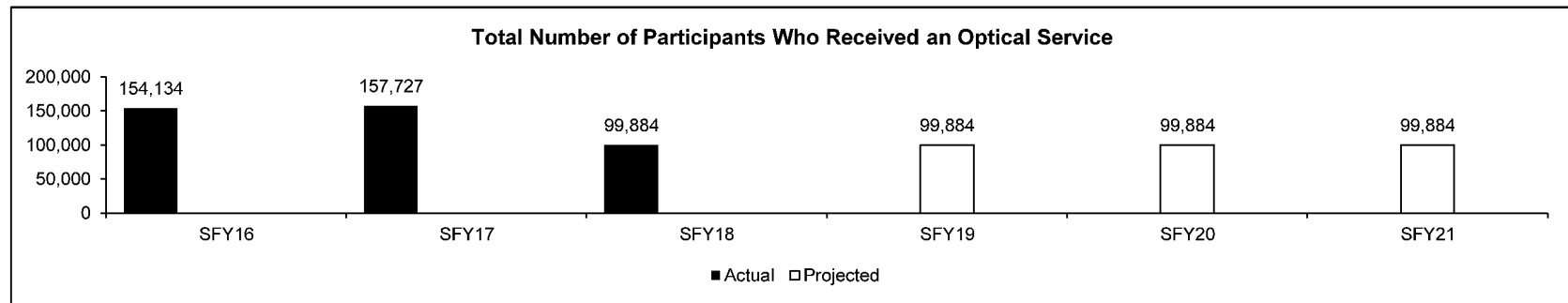
HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

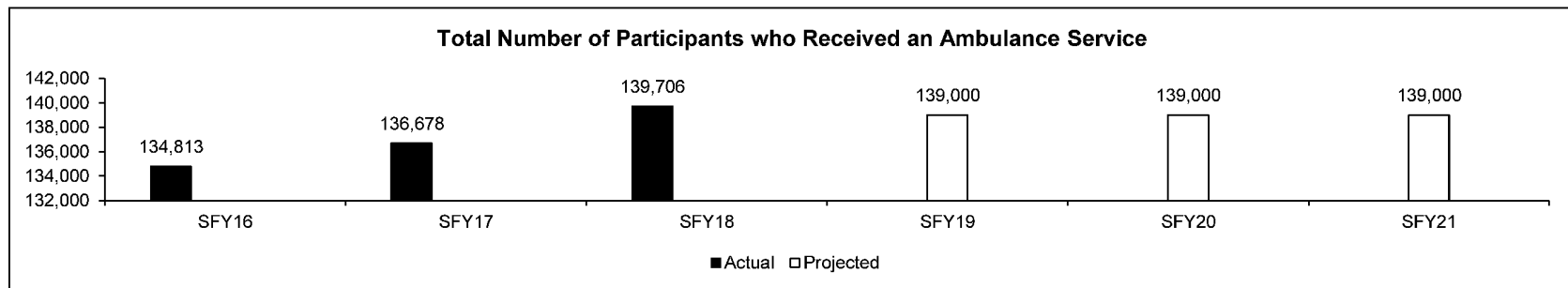
Optical

MHD attempts to improve the quality of life for eligible participants in an attempt to reduce future MHD spending for other services needed for optical impairment and/or blindness. Increasing the quality of life would potentially reduce MHD spending in other programs such as medical care (surgical), behavioral health and personal care services. By increasing optical services utilization by 2% (base) in SFY 19 and SFY 20, MHD may see a potential cost savings in other programs. An increase of 3% (stretch) in SFY19 and SFY20 would potentially increase that cost savings.



Ambulance

Providing emergency transportation for MHD-enrolled participants allows them to receive necessary emergency medical care. Current trending indicates continued increase in ambulance utilization. Maintaining the current rate of increase would result in a 2% (base) increase for SFY19 and SFY20.



PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

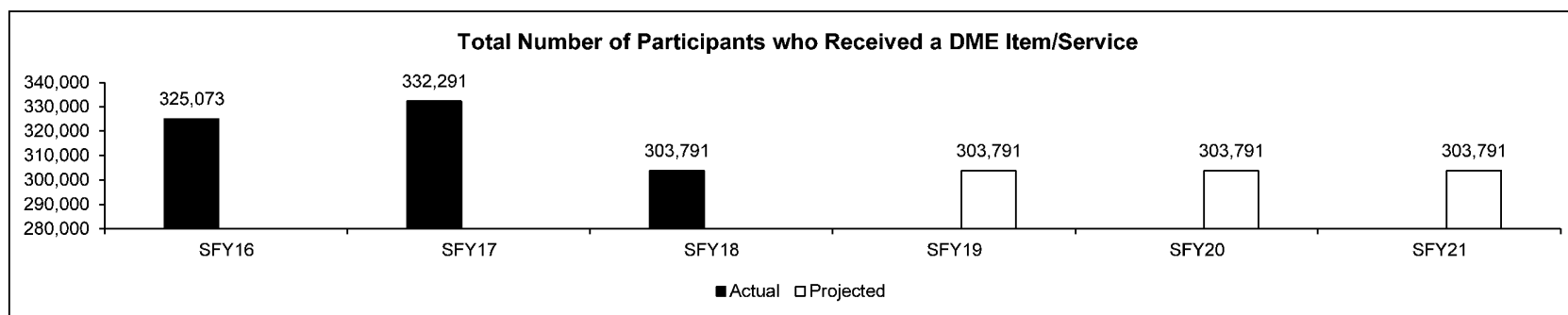
HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

DME

MHD attempts to improve the quality of life for eligible participants by providing access to DME services and items in an attempt to reduce future MHD spending for other services such as medical care, inpatient care, emergency room visits, long-term care and personal care services.

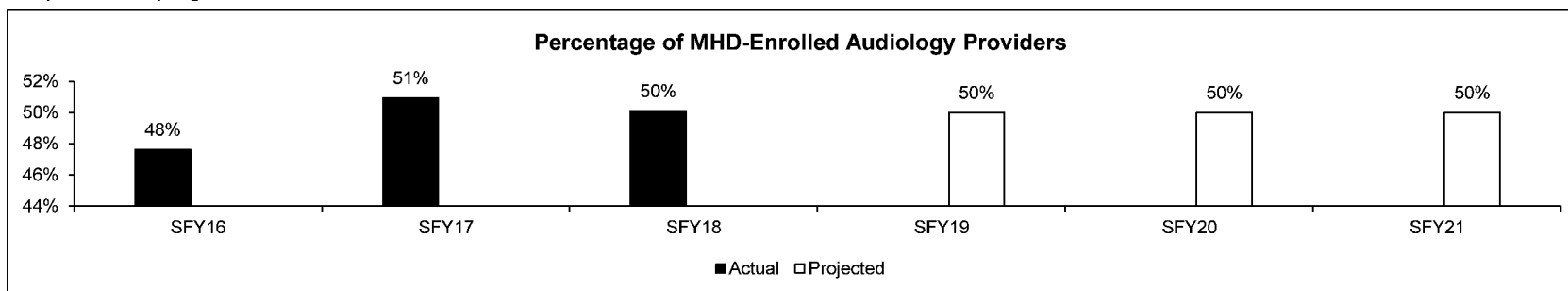


MHD is unable to appropriately project future DME services expenditures due to the implementation of the 21st Century CURES Act.

*Does not include Complex Rehab DME services.

2b. Provide a measure(s) of the program's quality.

A measure of a program's quality would be the number of active (enrolled) providers versus the total number of licensed providers in Missouri (for each program). If we have an adequate number of enrolled providers, the quality of the program would be such that payment rates are appropriate and providers will want to participate in the program.



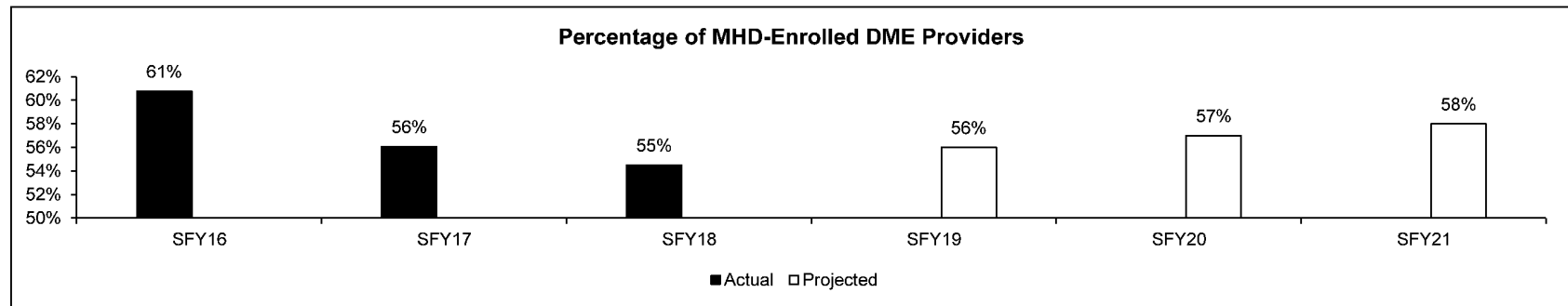
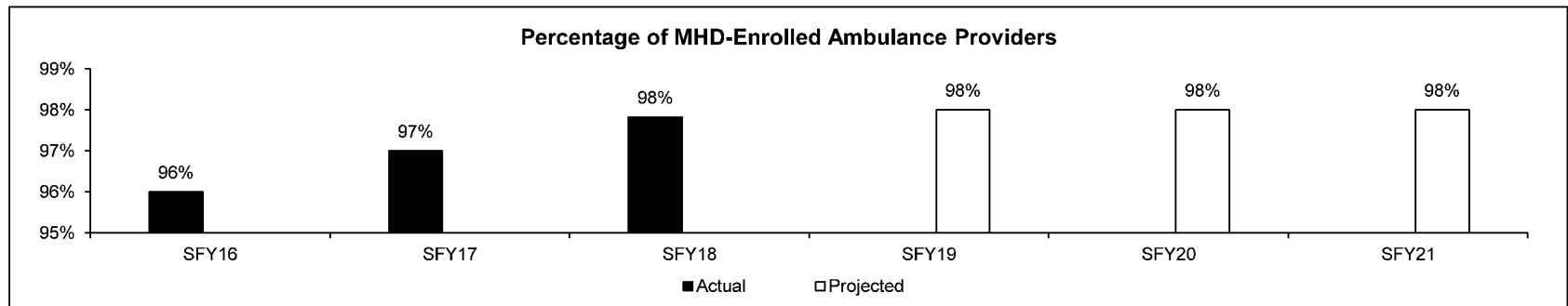
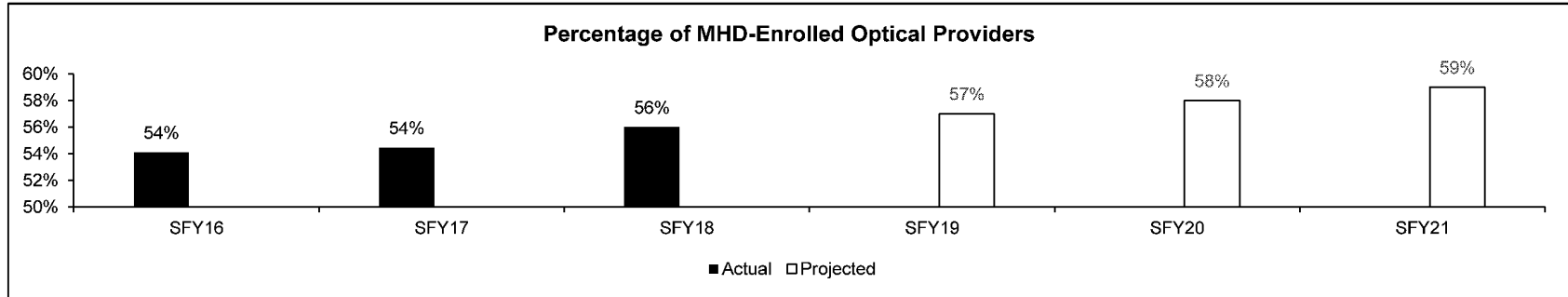
PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services



PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

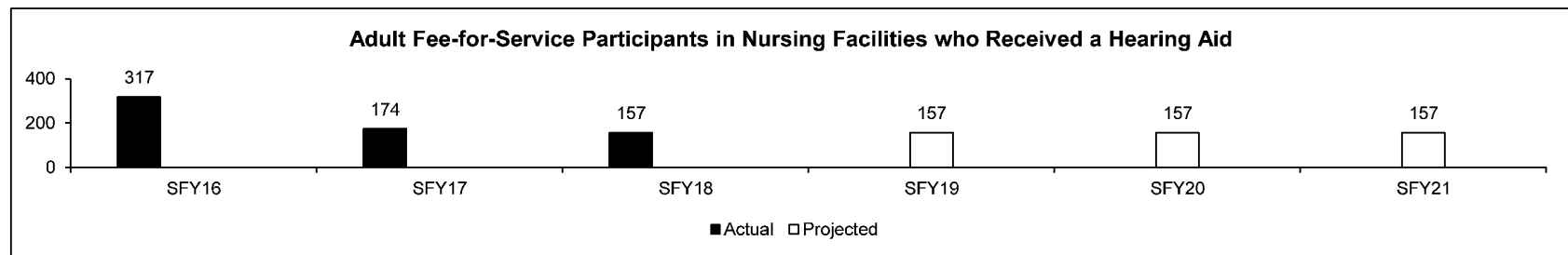
Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

2c. Provide a measure(s) of the program's impact.

Audiology/Hearing Aid

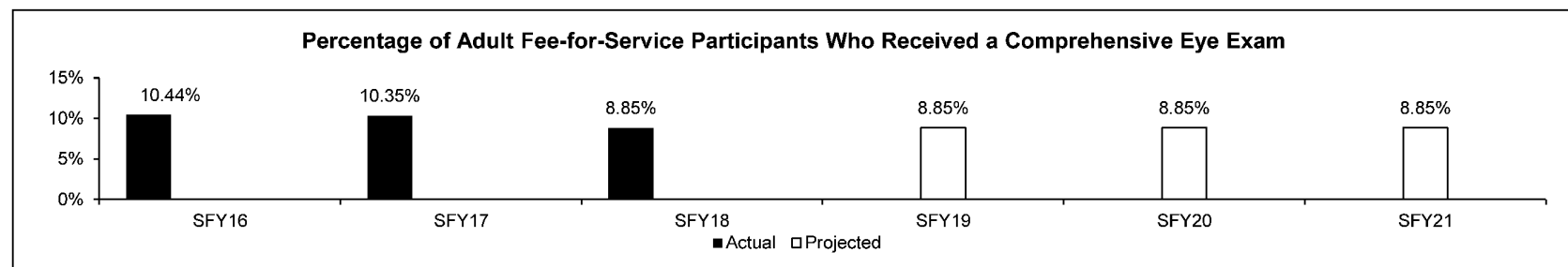
MHD only covers hearing aids for children, pregnant women, participants who are in a category of assistance for the blind and participants living in a nursing facility. Statewide Managed Care implementation reduced the FFS population by enrolling most children and pregnant women. Blind participants receive two (2) hearing aids. Participants living in a nursing home are allowed one (1) hearing aid.



*For SFY 2018, 13 pregnant women and 76 children (aged 20 and under) received at least one (1) hearing aid. This number is low due to statewide Managed Care implementation. There were 1 pregnant woman and 283 children who received at least one (1) hearing aid in SFY 2017, and 2 pregnant women and 301 children who received at least 1 hearing aid in SFY 2016.

Optical

According to the National Academies of Sciences, vision impairment can cause additional health issues for individuals, including a lower quality of life, mobility issues, falls and injuries, depression and other behavioral health issues. By having regular optical exams, these potential health issues can be avoided, as well as identifying other health conditions, such as diabetes. MHD allows for the reimbursement of one (1) optical exam every two (2) years for adult FFS participants.



PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

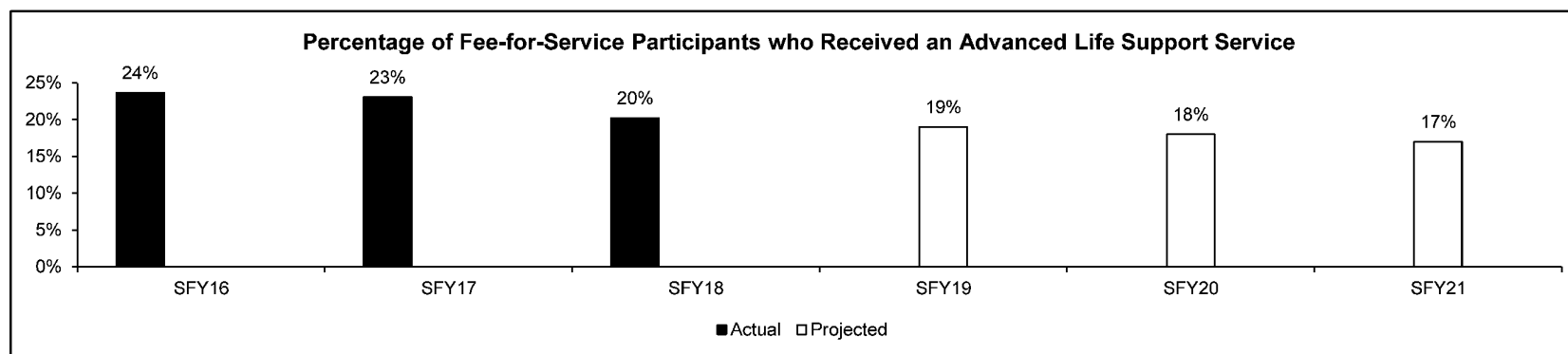
HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

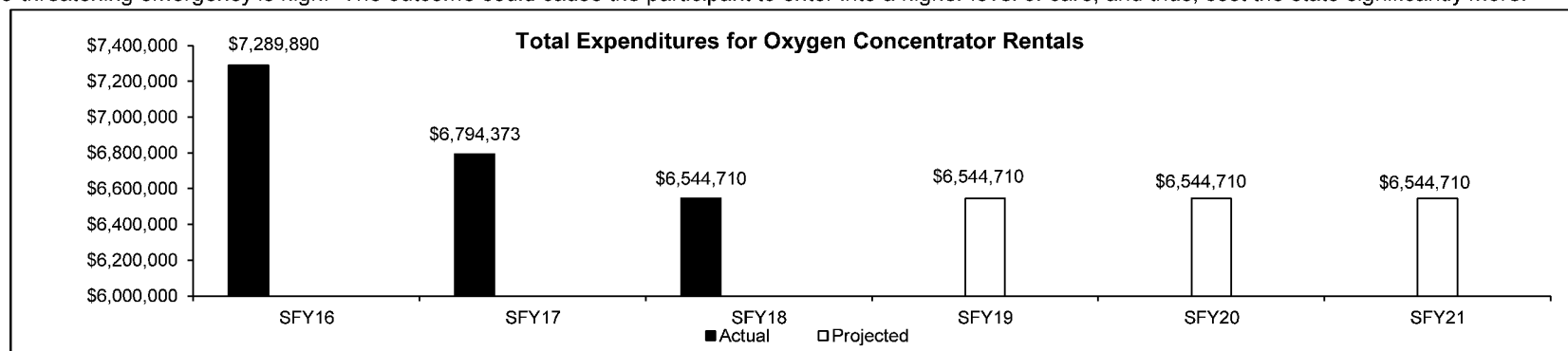
Ambulance

An indicator of impact is the percentage of adult fee-for-service participants who received an Advanced Life Support (ALS) service by fiscal year. ALS services are those emergency services which statutorily require a paramedic to be on-board the vehicle. The reimbursement rates of ALS services are higher than Basic Life Support (BLS) service rates; therefore, a continuing trend of decreasing utilization would provide the MHD with a future cost-savings.



DME

In FY 2018, the DME program's total expenditures was \$56,701,482. The DME item with the highest total expenditures in FY 2018 were rentals on oxygen concentrators. The total expenditures for this DME service in FY 2018 was \$6,544,710. If a participant is deprived of an oxygen concentrator, the potential for a life-threatening emergency is high. The outcome could cause the participant to enter into a higher level of care, and thus, cost the state significantly more.



PROGRAM DESCRIPTION

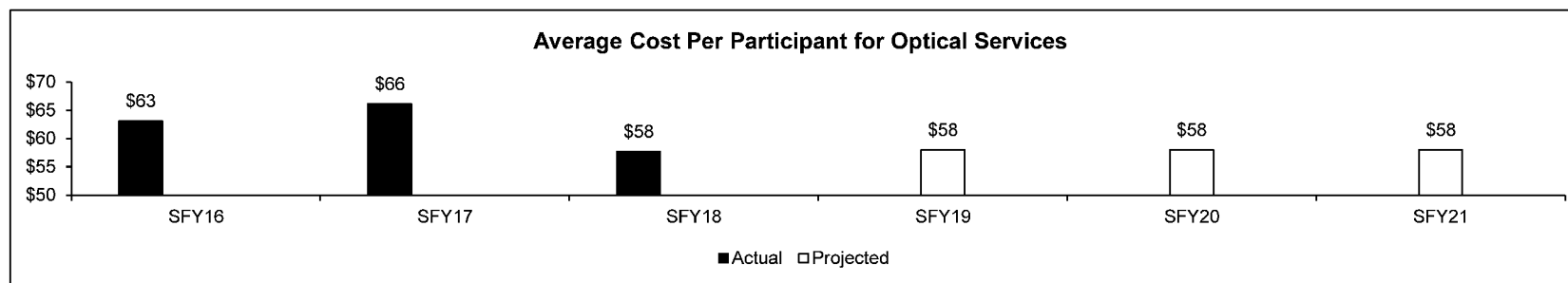
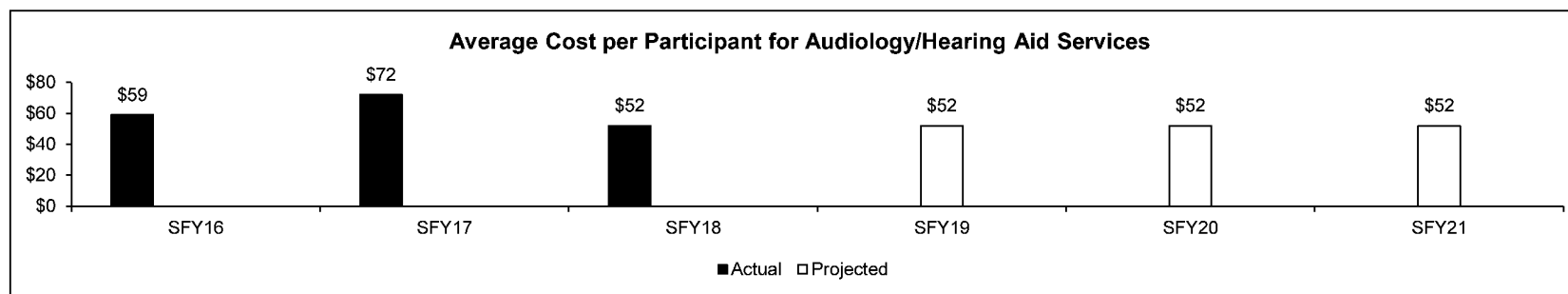
Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

2d. Provide a measure(s) of the program's efficiency.



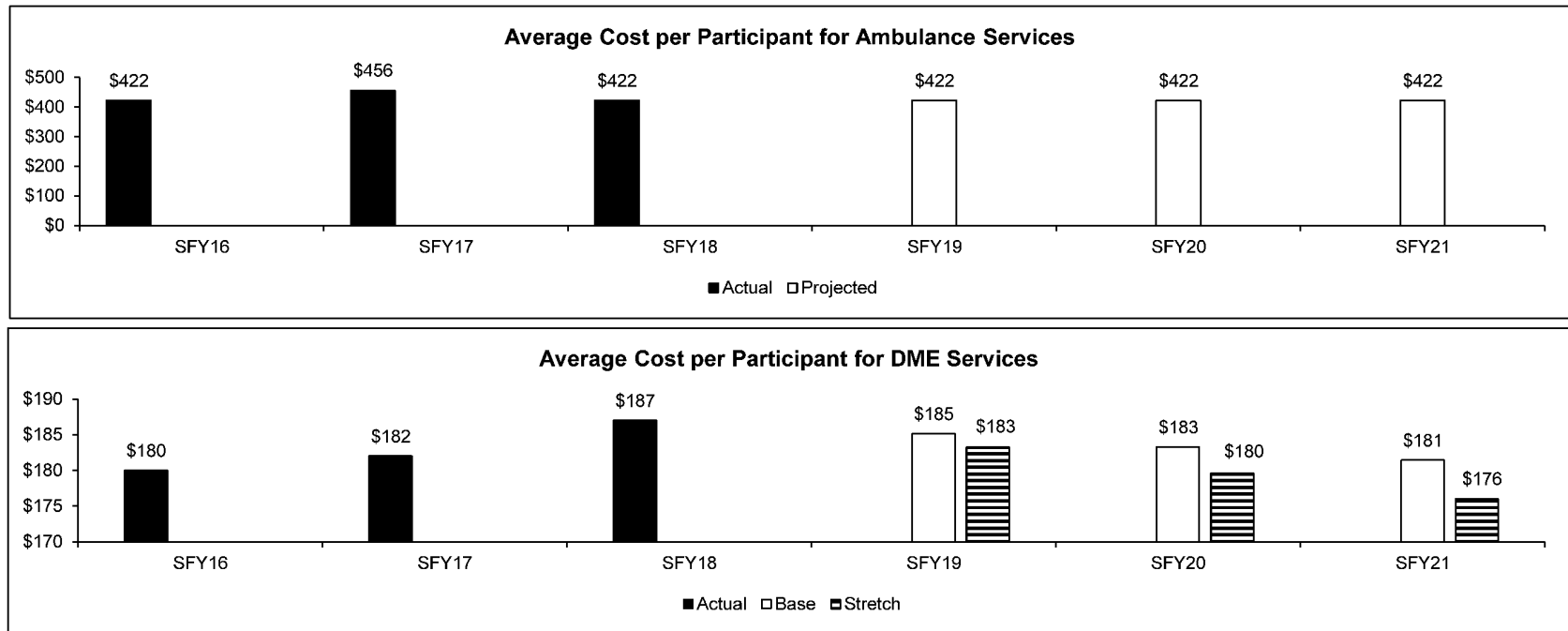
PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services



PROGRAM DESCRIPTION

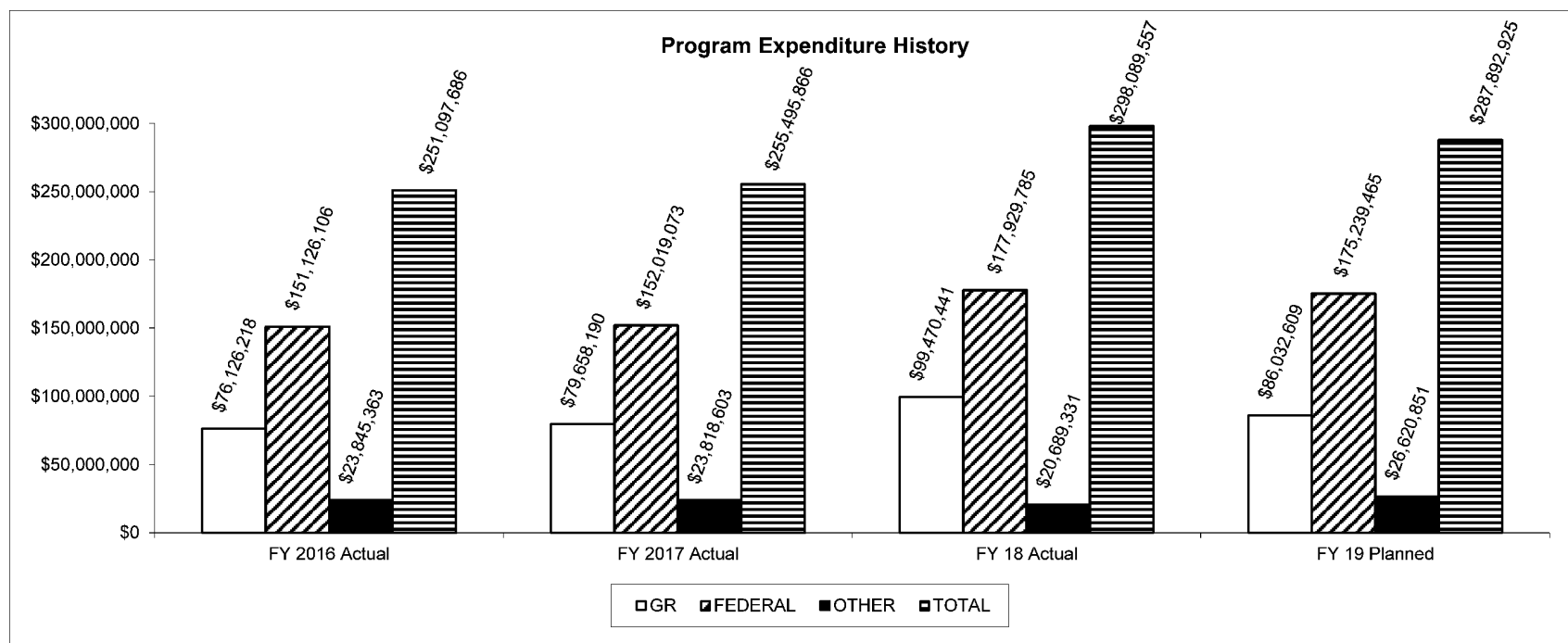
Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department: Social Services / MO HealthNet Division

HB Section(s): 11.480

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275), Healthy Families Trust Fund (0625), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

RANK: 17 OF 51

Budget Unit: 90550C

Division: MO HealthNet

DI Name: Hospice Room and Board Increase CTC

DI# 1886023

HB Section 11.480

1. AMOUNT OF REQUEST

	FY 2020 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	1,838,193	3,444,425		5,282,618
TRF				
Total	1,838,193	3,444,425	0	5,282,618
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

	FY 2020 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<u> </u>	New Legislation	<u> </u>	New Program	<u> </u>	Fund Switch
<u> X </u>	Federal Mandate	<u> </u>	Program Expansion	<u> X </u>	Cost to Continue
<u> </u>	GR Pick-Up	<u> </u>	Space Request	<u> </u>	Equipment Replacement
<u> </u>	Pay Plan	<u> </u>	Other:		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

MO HealthNet reimburses Hospice Nursing Facility Room and Board at 95% of the Medicaid Nursing Home Rate pursuant to 13 CSR 70-50.010 and 1902(a)(13) of the Social Security Act. The provider rate increase for Nursing Facilities in FY19 will increase the Hospice Room and Board reimbursement by \$5,282,618.

NEW DECISION ITEM
RANK: 17 **OF** 51

Department: Social Services

Budget Unit: 90550C

Division: MO HealthNet

DI Name: Hospice Room and Board Increase CTC

DI# 1886023

HB Section 11.480

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MO HealthNet reimburses Hospice Nursing Facility Room and Board at 95% of the Medicaid Nursing Home Rate pursuant to 13 CSR 70-50.010 and 1902(a)(13) of the Social Security Act. The provider rate increase for Nursing Facilities in FY19 will increase the Hospice Room and Board reimbursement by \$5,282,618.

FY2019 Medicaid Nursing Facility Rate per diem increase effective July 1, 2018 - (\$7.76 + \$0.54)

	Nursing Facility Impact			Hospice Impact		
	\$7.76	\$0.54	\$8.30	95%	95%	95%
Total Est. Days - SFY 2019	8,697,776	8,697,776	17,395,552	670,383	670,383	670,383
Per Diem Adjustment	\$ 7.76	\$ 0.54	\$ 8.30	\$ 7.37	\$ 0.51	\$ 7.89
Estimated Patient Days Impacted	\$ 67,494,742	\$ 4,696,799	\$ 72,191,541	\$4,940,723	\$341,895	\$ 5,282,618
Funding Source:						
State Funds 34.797%	\$ 23,486,145	\$ 1,634,345	\$ 25,120,491	\$1,719,223	\$118,969	\$ 1,838,193
Federal Funds 65.203%	\$ 44,008,597	\$ 3,062,454	\$ 47,071,050	\$3,221,500	\$222,926	\$ 3,444,425
Total Estimated Annual Impact	\$ 67,494,742	\$ 4,696,799	\$ 72,191,541	\$4,940,723	\$341,895	\$ 5,282,618

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS	E
Program Distributions	1,838,193		3,444,425				5,282,618			
Total PSD	1,838,193		3,444,425		0		5,282,618		0	
Grand Total	1,838,193	0.0	3,444,425	0.0	0	0.0	5,282,618	0.0	0	

NEW DECISION ITEM
RANK: 17 OF 51

Department: Social Services

Budget Unit: 90550C

Division: MO HealthNet

DI Name: Hospice Room and Board Increase CTC

DI# 1886023

HB Section 11.480

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

See Rehab and Specialty for Program measures.

6b. Provide a measure(s) of the program's quality.

See Rehab and Specialty for Program measures.

6c. Provide a measure(s) of the program's impact.

See Rehab and Specialty for Program measures.

6d. Provide a measure(s) of the program's efficiency.

See Rehab and Specialty for Program measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
Hospice Rate Increase - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	375,356	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	375,356	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$375,356	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$130,613	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$244,743	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NEW DECISION ITEM
RANK: 18 **OF** 51

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

DI# 1886022

Budget Unit 90550C
HB Section 11.480

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total E
PS				
EE				
PSD	130,613	244,743		375,356
TRF				
Total	130,613	244,743	0	375,356
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total E
PS				
EE				
PSD				
TRF				
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed to apply the annual hospice rate adjustment as established by Medicare.

The MO HealthNet hospice rates are calculated based on the annual hospice rates established under Medicare, Section 1814(j)(1)(ii). The Social Security Act provides for an annual increase in payment rates for hospice care services.

NEW DECISION ITEM
RANK: 18 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

Budget Unit 90550C
HB Section 11.480

DI# 1886022

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.

An increase of 2.28% is requested. An increase of 2.28% was applied to actual FY 18 hospice payments to arrive at the total need.

Type of Care	FY18 Units of Care	FY18 Expended Amount	FY 18 Avg. Cost	2.28% Inc.	FY20 Inc Rate	Fiscal Year	Hospice Rate Inc.
Routine Home Care	103,233	\$ 15,665,143	\$ 151.75	\$ 3.46	\$ 155.21	FY13	2.56%
Continuous Care	58	\$ 1,661	\$ 28.63	\$ 0.65	\$ 29.29	FY14	2.25%
Inpatient Respite Care	212	\$ 35,137	\$ 165.74	\$ 3.78	\$ 169.53	FY15	1.95%
General Inpatient Care	1,095	\$ 761,047	\$ 695.02	\$ 15.87	\$ 710.89	FY16	3.94%
FY18 Expenditure Hospice Total:		\$ 16,462,988				FY17	1.80%
Proposed Rate Inc.		2.28%				FY18	1.20%
Hospice Rate Increase Total		\$375,356				Avg. Rate Inc.	2.28%
FMAP 65.203%							
		Total	GR	Federal			
Hospice rate increase		375,356	130,613	244,743			

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req DOLLARS	GR FTE	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	130,613			244,743				375,356		
Total PSD	130,613			244,743		0		375,356		0
Grand Total	130,613		0.0	244,743	0.0	0	0.0	375,356	0.0	0

NEW DECISION ITEM
RANK: 18 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

Budget Unit 90550C
HB Section 11.480

DI# 1886022

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

See Rehab and Specialty for Program measures.

6b. Provide a measure(s) of the program's quality.

See Rehab and Specialty for Program measures.

6c. Provide a measure(s) of the program's impact.

See Rehab and Specialty for Program measures.

6d. Provide a measure(s) of the program's efficiency.

See Rehab and Specialty for Program measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
Hospice Rate (95%) CTC - 1886023								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	5,289,322	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	5,289,322	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,289,322	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,840,526	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$3,448,796	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Non-Emergency Medical Transportation

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C
 HB Section: 11.480

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	14,141,287	33,378,561		47,519,848		PSD				0	
TRF						TRF					
Total	14,141,287	33,378,561	0	47,519,848		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for non-emergency medical transportation (NEMT) for the fee-for-service program.

3. PROGRAM LISTING (list programs included in this core funding)

Non-Emergency Medical Transportation (NEMT)

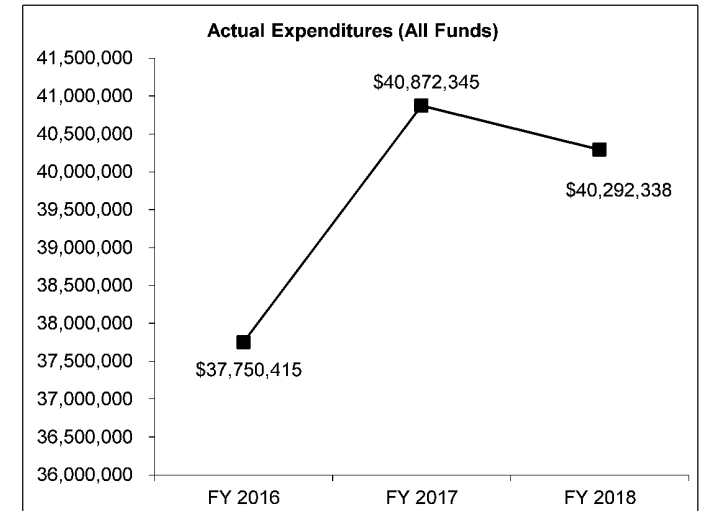
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C
HB Section: 11.480

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	43,757,238	46,604,497	44,112,708	47,519,848
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	43,757,238	46,604,497	44,112,708	N/A
Actual Expenditures (All Funds)	37,750,415	40,872,345	40,292,338	N/A
Unexpended (All Funds)	6,006,823	5,732,152	3,820,370	N/A
Unexpended, by Fund:				
General Revenue	4,553	1,773,049	1	N/A
Federal	6,002,270	3,959,103	3,820,369	N/A
Other	0	0	0	N/A
	(1)		(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - \$2,509,258 in NEMT expenditures were paid from the Managed Care Expansion section.

(2) FY18 - \$137,073 GR and \$3,007,261 Fed was used as flex to cover shortfalls in other program lines.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NON-EMERGENCY TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	14,141,287	33,378,561	0	47,519,848	
	Total	0.00	14,141,287	33,378,561	0	47,519,848	
DEPARTMENT CORE REQUEST							
	PD	0.00	14,141,287	33,378,561	0	47,519,848	
	Total	0.00	14,141,287	33,378,561	0	47,519,848	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	14,141,287	33,378,561	0	47,519,848	
	Total	0.00	14,141,287	33,378,561	0	47,519,848	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NON-EMERGENCY TRANSPORT									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	13,384,322	0.00	14,141,287	0.00	14,141,287	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	26,908,016	0.00	33,378,561	0.00	33,378,561	0.00	0	0.00	
TOTAL - PD	40,292,338	0.00	47,519,848	0.00	47,519,848	0.00	0	0.00	
TOTAL	40,292,338	0.00	47,519,848	0.00	47,519,848	0.00	0	0.00	
NEMT Actuarial Increase - 1886029									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	732,815	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,385,147	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,117,962	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,117,962	0.00	0	0.00	
Asset Limit CTC - 1886039									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	5,698	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	10,676	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	16,374	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	16,374	0.00	0	0.00	
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	22,478	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	42,119	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	64,597	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	64,597	0.00	0	0.00	
GRAND TOTAL	\$40,292,338	0.00	\$47,519,848	0.00	\$49,718,781	0.00	\$0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.480	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;"> Total \$49,718,781 </td> <td style="text-align: right; width: 10%;"> % Flex 0.25% </td> <td style="text-align: right; width: 10%;"> Flex Amount \$124,297 </td> <td style="width: 60%; vertical-align: top;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510. </td> </tr> </table>		Total \$49,718,781	% Flex 0.25%	Flex Amount \$124,297	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total \$49,718,781	% Flex 0.25%	Flex Amount \$124,297	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.	.25% flexibility is being requested for FY20			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.480	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 20%;"> Total \$49,718,781 </td> <td style="text-align: center; width: 20%;"> % Flex 10% </td> <td style="text-align: center; width: 20%;"> Flex Amount \$4,971,878 </td> <td style="width: 40%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$49,718,781	% Flex 10%	Flex Amount \$4,971,878	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$49,718,781	% Flex 10%	Flex Amount \$4,971,878	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$4,057,261	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	40,292,338	0.00	47,519,848	0.00	47,519,848	0.00	0	0.00
TOTAL - PD	40,292,338	0.00	47,519,848	0.00	47,519,848	0.00	0	0.00
GRAND TOTAL	\$40,292,338	0.00	\$47,519,848	0.00	\$47,519,848	0.00	\$0	0.00
GENERAL REVENUE	\$13,384,322	0.00	\$14,141,287	0.00	\$14,141,287	0.00		0.00
FEDERAL FUNDS	\$26,908,016	0.00	\$33,378,561	0.00	\$33,378,561	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.480

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

1a. What strategic priority does this program address?

Provide access to NEMT services to MHD participants

1b. What does this program do?

The purpose of the NEMT program is to ensure transportation services to MO HealthNet participants who do not otherwise have access to appropriate transportation to and from scheduled MO HealthNet covered services.

The Missouri NEMT Program is structured to utilize and build on the existing transportation network in the state. The federally-approved method used by Missouri to structure the NEMT Program allows the state to have one statewide transportation broker to coordinate the transportation providers. The broker determines which transportation provider will be assigned to each MO HealthNet participant.

NEMT services are defined as a ride, or reimbursement for a ride, and ancillary services provided so that a MO HealthNet participant with no other means of transportation resources can receive MO HealthNet covered services from a medical service provider. By definition, NEMT does not include transportation provided on an emergency basis, such as trips to the emergency room in life-threatening situations, unloaded miles, or transportation provider wait times.

The NEMT broker must ensure that NEMT services are available 24 hours per day, seven (7) days per week, when medically necessary. The broker provides NEMT services to MO HealthNet-covered services that do not include transportation. In addition, the broker arranges NEMT services for one parent/guardian to accompany children under the age of 21, if requested. The broker also arranges NEMT services for an attendant, if appropriate, to accompany children under the age of 21. If the participant is under the age of 17, a parent/guardian must ride with them.

In addition to authorizing the transportation services, the broker authorizes and arranges the least expensive and most appropriate ancillary services.

Ancillary services are only authorized if:

1. The medical appointment requires an overnight stay; and
2. Volunteer, community, or other ancillary services are *not* available without a fee/charge to the participant.

One parent/guardian is allowed ancillary services when a MO HealthNet-eligible child is inpatient in a hospital setting and meets the following criteria:

1. The hospital does not provide ancillary services without a cost to the participant's parent/guardian; and
2. The hospital is more than 120 miles from the participant's residence; or
3. The hospitalization is related to a MO HealthNet-covered transplant service.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.480

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

Reimbursement Methodology

NEMT services are reimbursed in the Fee-for-Service (FFS) and Managed Care settings. For Managed Care participants, NEMT services are reimbursed by MO HealthNet through the actuarially-sound capitated rate paid to the Managed Care Organizations (MCOs) and are not reimbursed under this line. *See Managed Care program description for more information*. As of November 2004, the service is provided to FFS participants as a direct state plan service. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT FFS participant based on which of the four regions of the state in which the participant resides. Logisticare is Missouri's NEMT broker contract. The current contract was effective July 1, 2018.

Where appropriate and possible, the MHD enters into cooperative agreements to provide matching MO HealthNet funds for state and local general revenue already being used to transport MO HealthNet-enrolled participants to medical services. Participants are required to use public entity transportation when available. When they do so, the payments are made to public entities on a per-trip basis. By working with existing governmental entities and established transportation providers, NEMT is provided in a cost-effective manner and governmental agencies are able to meet the needs of their constituency.

The MHD works with state and local agencies to provide federal matching funds for general revenue used for NEMT services including:

- The Children's Division for children in state care and custody
- St. Louis Metro Call-A-Ride
- Kansas City Area Transit Authority
- The City of Columbia
- City Utilities of Springfield
- Nevada City Hospital
- The City of Jefferson

MO HealthNet Rate History	
SFY	Rate
2019	\$11.65
2018	\$11.38
2017	\$6.80
2016	\$6.11
2015	\$6.19

SFY18 rate increase was due to the transition of members to statewide managed care. The remaining members in FFS experience higher levels of transportation utilization.

In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

Department of Mental Health and MO HealthNet Combined Weighted Average Rate History Based on FTE	
SFY	Rate
2019	\$2.74
2018	\$2.66

In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

PROGRAM DESCRIPTION

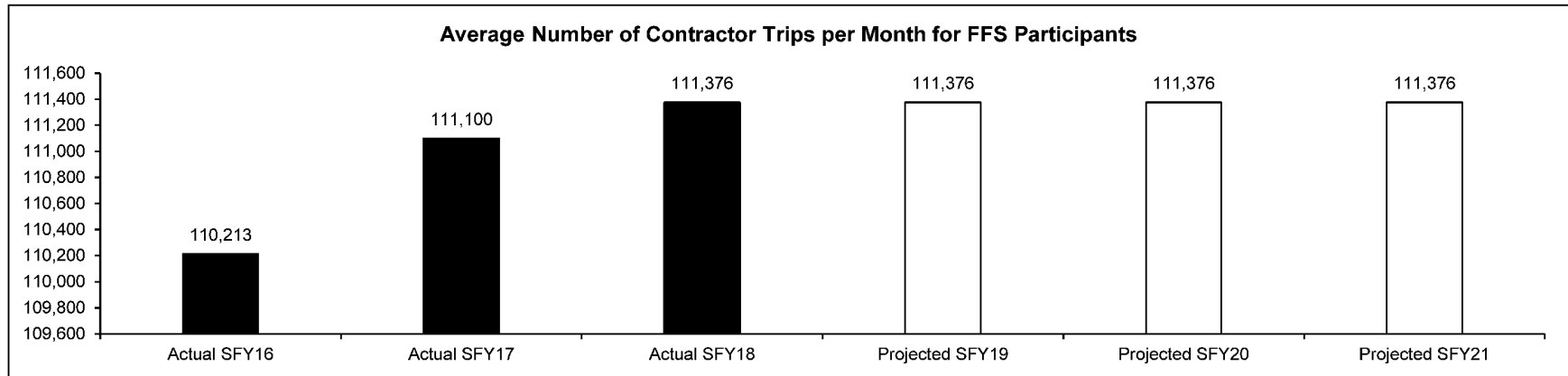
Department: Social Services

HB Section(s): 11.480

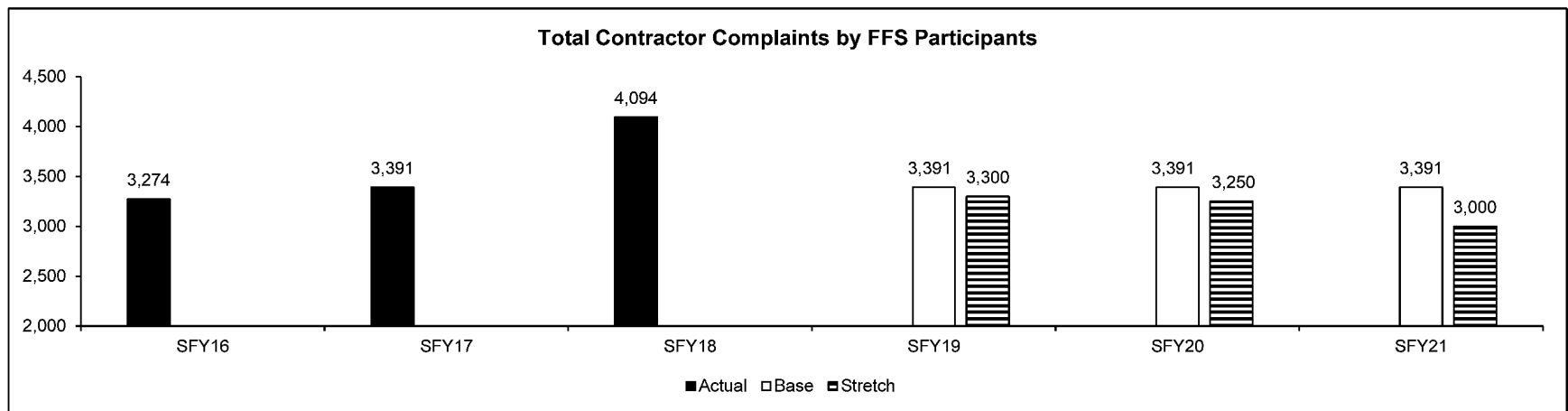
Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

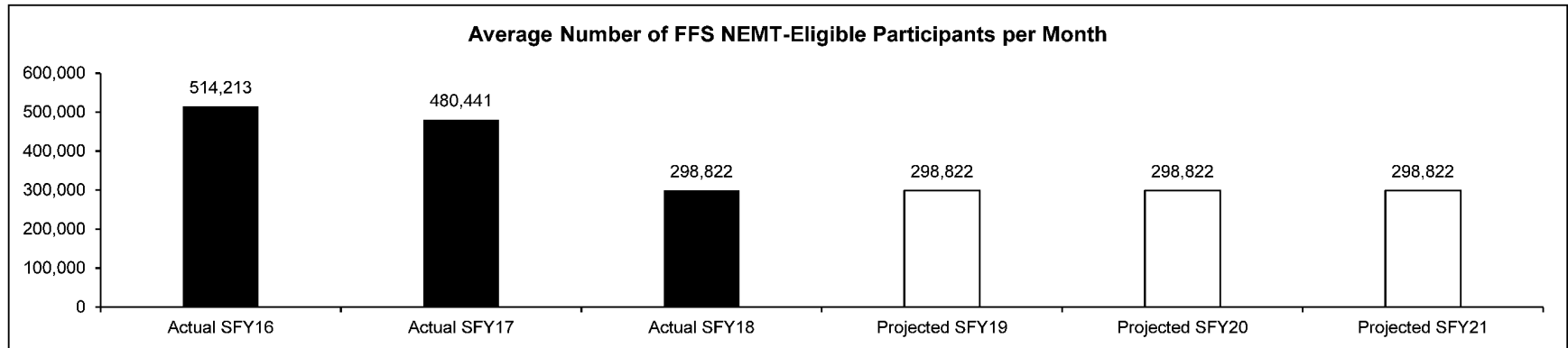
Department: Social Services

HB Section(s): 11.480

Program Name: Non-Emergency Medical Transportation (NEMT)

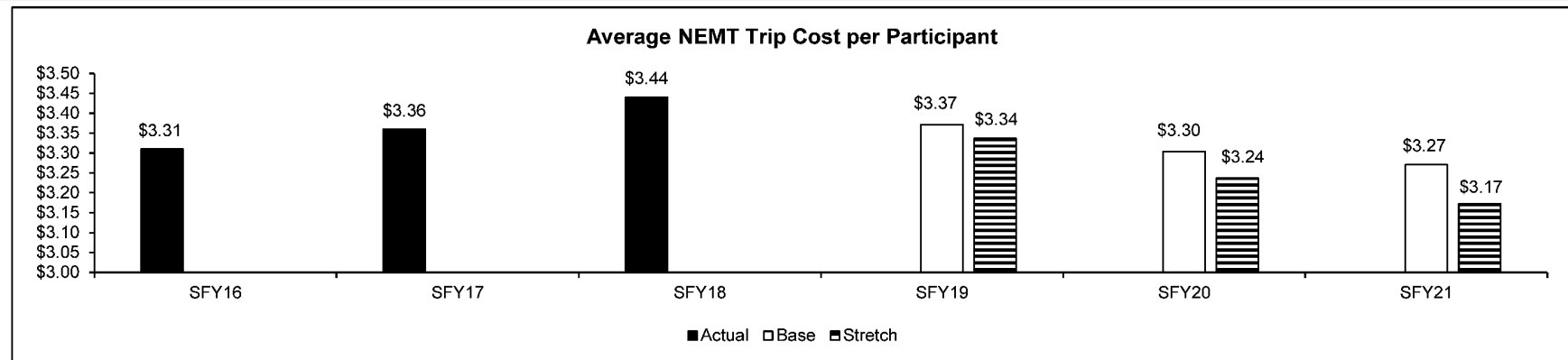
Program is found in the following core budget(s): NEMT

2c. Provide a measure(s) of the program's impact.



SFY18 saw a significant reduction in FFS participants eligible for NEMT due to statewide Managed Care implementation.

2d. Provide a measure(s) of the program's efficiency.



The target for SFY19 is a reduction of average cost per participant by 1%. The stretch target for SFY19 is a reduction of the average cost per participant by 2%.

PROGRAM DESCRIPTION

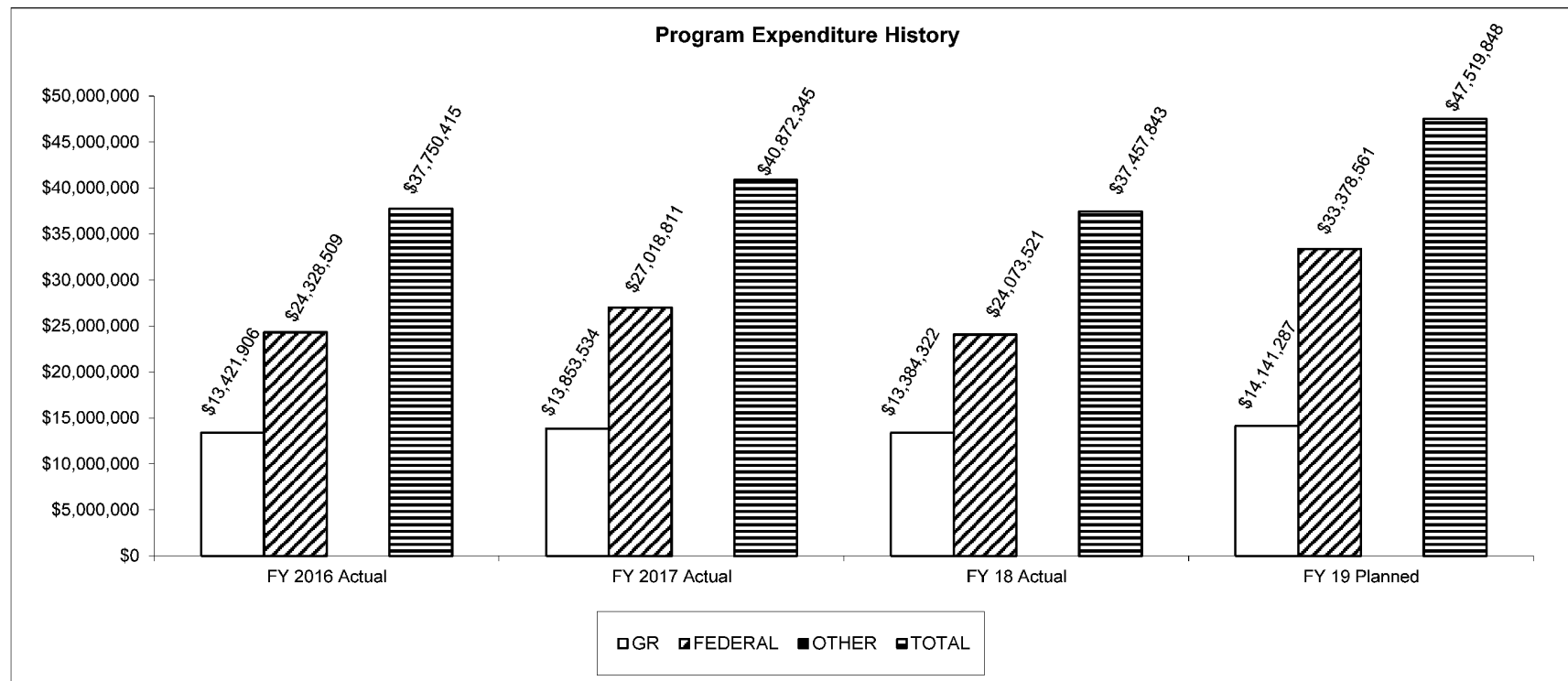
Department: Social Services

HB Section(s): 11.480

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.480

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal regulation: 42 CFR 431.53 and 440.170

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, state Medicaid programs must assure availability of medically necessary transportation.

NEW DECISION ITEM
RANK: 26 OF 51

Department: Social Services
 Division: MO HealthNet
 DI Name: NEMT Increase

DI# 1886029

Budget Unit: 90561C
 HB Section: 11.480

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	732,815	1,385,147		2,117,962
TRF				
Total	732,815	1,385,147	0	2,117,962

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Actuarial Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed for the cost increase of the Non-Emergency Medical Transportation (NEMT) contract. The cost increase is attributed to the increase in SFY20 actuarially sound rates. Federal regulation 42 CFR 438.4 requires the capitation payments be actuarially sound.

The purpose of the NEMT program is to ensure non-emergency medical transportation to MO HealthNet participants in the fee-for-service program who do not have access to free and appropriate transportation (can use free community resources or other free programs) to scheduled MO HealthNet covered services. The participant is to be provided with the most appropriate mode of transportation. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT participant based on eligibility group and which of the four regions of the state the participant resides.

NEW DECISION ITEM
RANK: 26 **OF** 51

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Increase

Budget Unit: 90561C
HB Section: 11.480

DI# 1886029

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The state contracted actuary provided the projected managed transportation trends for the SFY 2020 NEMT budget. The estimate was for a 5.4% MO HealthNet and 2.3% Department of Mental Health actuarial increase over FY19 rates related to increases in utilization and cost components. In SFY 19 the Department of Mental Health's NEMT budget appropriation was transferred to MO HealthNet.

MHD Statewide Contract (Four Regions)

Region*	Member Months Aug 2017	FY19 Rates (contract amendment)	FY 20 Trend Rates	Estimated Annual Cost FY19 Rates	Estimated Annual Cost FY20 Rates	Estimated Annual Cost of FY20 Rate Increase
01	63,764	12.96	13.58	\$ 9,916,577	\$ 10,392,573	\$ 475,996
02	35,907	9.99	10.22	\$ 4,304,531	\$ 4,403,535	\$ 99,004
03	125,934	15.52	16.50	\$ 23,453,948	\$ 24,931,547	\$ 1,477,599
SW	78,100	1.02	1.03	\$ 955,944	\$ 964,547	\$ 8,603
TOTAL	303,705	39.49	41.33	\$ 38,631,001	\$ 40,692,203	\$ 2,061,202

DMH Contract Rates (Four Regions)

Region*	Member Months Aug 2017	FY19 Rates (contract amendment)	FY 20 Trend Rates	Estimated Annual Cost FY19 Rates	Estimated Annual Cost FY20 Rates	Estimated Annual Cost of FY20 Rate Increase
01	63,751	0.45	0.43	\$ 344,255	\$ 332,206	\$ (12,049)
02	35,920	0.72	0.73	\$ 310,349	\$ 312,832	\$ 2,483
03	125,949	1.06	1.10	\$ 1,602,071	\$ 1,668,397	\$ 66,326
SW	765,559	0.02	0.02	\$ 183,734	\$ 183,734	\$ -
	991,179			\$ 2,440,410	\$ 2,497,169	\$ 56,760

Region 1 - Aged, Blind, Disabled (Franklin, Jefferson, St. Charles, St. Louis County, St. Louis City)

Region 2 - Aged, Blind, Disabled (Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray)

Region 3 - Aged, Blind, Disabled (All other counties)

Statewide - Medicaid for Families, Children, Pregnant Women

	GR	Fed	Total
MHD	713,176	1,348,026	2,061,202
DMH	19,639	37,121	56,760
Total	732,815	1,385,147	2,117,962
FMAP	34.60%	65.40%	

NEW DECISION ITEM
RANK: 26 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Increase

DI# 1886029

Budget Unit: 90561C
HB Section: 11.480

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req FTE	GR	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	732,815			1,385,147				2,117,962	0.0	
Total PSD	732,815			1,385,147		0		2,117,962		0
Grand Total	732,815		0.0	1,385,147	0.0	0	0.0	2,117,962	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Please see the NEMT core section for performance measures.

6b. Provide a measure of the program's quality.

Please see the NEMT core section for performance measures.

6c. Provide a measure of the program's impact.

Please see the NEMT core section for performance measures.

6d. Provide a measure of the program's efficiency

Please see the NEMT core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
NEMT Actuarial Increase - 1886029								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,117,962	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,117,962	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,117,962	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$732,815	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,385,147	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Community Health Access Programs (CHAPS)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Community Health Access Programs (CHAPs)

Budget Unit: 90579C
HB Section: 11.480

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	486,850	912,143		1,398,993		PSD				0	
TRF						TRF					
Total	486,850	912,143	0	1,398,993		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds Community Health Access Programs (CHAPs). This specific appropriation funds a procedure code which reimburses paramedics for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department.

3. PROGRAM LISTING (list programs included in this core funding)

Community Health Access Programs (CHAPs)

CORE DECISION ITEM

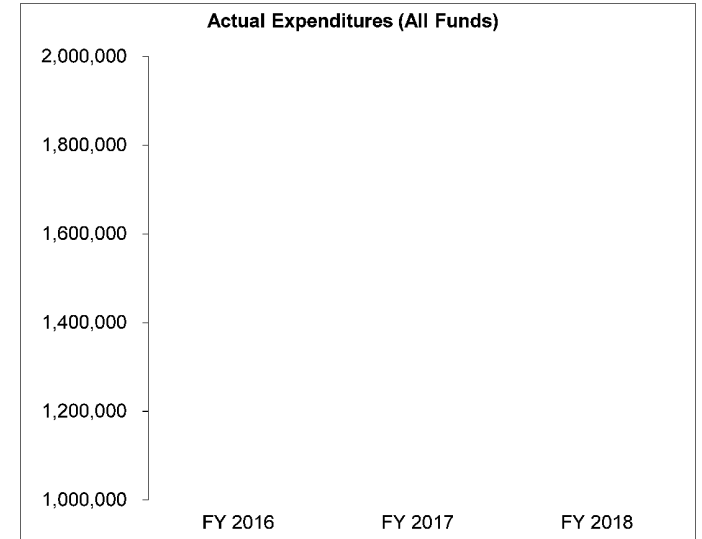
Department: Social Services
Division: MO HealthNet
Core: Community Health Access Programs (CHAPs)

Budget Unit: 90579C
HB Section: 11.480

4. CORE FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	1,250,000	1,631,676	1,398,993	1,398,993
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)*	(1,250,000)	(600,000)	0	
Budget Authority (All Funds)	0	1,031,676	1,398,993	1,398,993
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	1,031,676	1,398,993	N/A
Unexpended, by Fund:				
General Revenue	1,250,000	600,000	500,000	N/A
Federal	0	1,031,676	898,993	N/A
Other	0	0	0	N/A

(1)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - The Governor released \$500,000 GR on the last day of the fiscal year that was not able to be spent.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
COMMUNITY HEALTH ACCESS PRGRMS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	486,850	912,143	0	1,398,993	
	Total	0.00	486,850	912,143	0	1,398,993	
DEPARTMENT CORE REQUEST							
	PD	0.00	486,850	912,143	0	1,398,993	
	Total	0.00	486,850	912,143	0	1,398,993	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	486,850	912,143	0	1,398,993	
	Total	0.00	486,850	912,143	0	1,398,993	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMMUNITY HEALTH ACCESS PRGRMS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	486,850	0.00	486,850	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	912,143	0.00	912,143	0.00	0	0.00
TOTAL - PD	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMMUNITY HEALTH ACCESS PRGRMS								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL - PD	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$486,850	0.00	\$486,850	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$912,143	0.00	\$912,143	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Community Health Access Programs (CHAPs)
Program is found in the following core budget(s): CHAPs

HB Section(s): 11.480

1a. What strategic priority does this program address?

Onsite treatment by paramedics

1b. What does this program do?

This program funds a new procedure code which would reimburse paramedics for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department.

This program is intended to assist participants that have been over-utilizing emergency rooms/services and the 911 system for non-medical emergencies. For a 911 dispatched call the participant will be seen in the home by an advanced practice paramedic (APP) that will perform a medical screening and determine if the participant needs to be transported for emergency treatment.

If the APP determines that a life threat does not exist, the participant will be treated in the home and referred to a community health resource center, primary care health home, a medical home, or a primary care physician. The advanced paramedic follows written and on-line medical direction provided by an emergency medicine physician. An advanced practice paramedic has additional training that is intended to enhance their knowledge and skills. These individuals must be able to conduct a full medical screening and determine if a situation is an emergency and direct the participant in the correct course of care depending on the outcome of the assessment.

The MO HealthNet Division will be working with CMS to develop the program. CMS has expressed interest in this concept of emergency services workers providing non-emergent interventions in the home rather than transporting the participant to the emergency room.

2a. Provide an activity measure for the program.

N/A - This is a new program and we will have updated measures once data is available

2b. Provide a measure of the program's quality.

N/A - This is a new program and we will have updated measures once data is available

2c. Provide a measure of the program's impact.

N/A - This is a new program and we will have updated measures once data is available

2d. Provide a measure of the program's efficiency.

N/A - This is a new program and we will have updated measures once data is available

PROGRAM DESCRIPTION

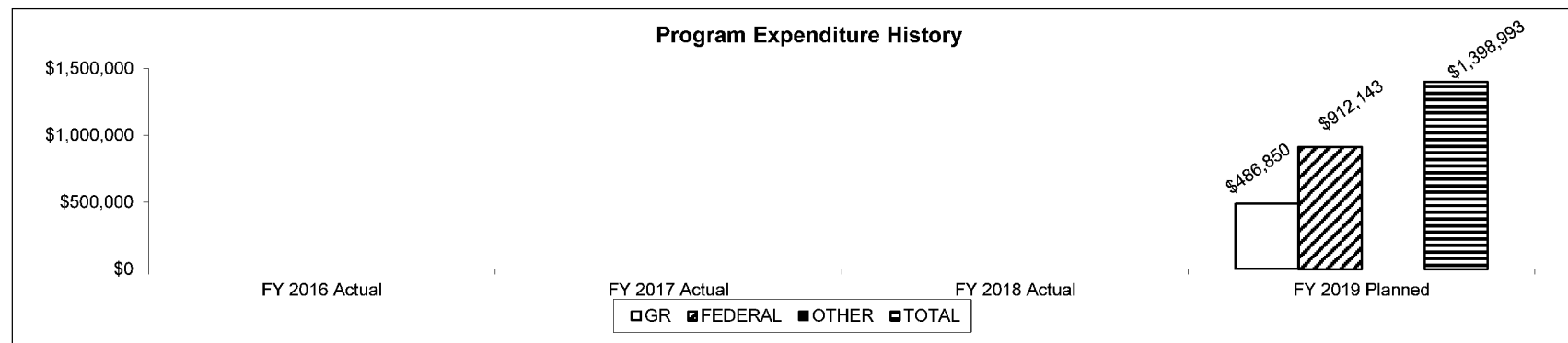
Department: Social Services

HB Section(s): 11.480

Program Name: Community Health Access Programs (CHAPs)

Program is found in the following core budget(s): CHAPs

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Regulations: 42 CFR, 447.272

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

Ground Emergency Medical Transportation (GEMT)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C
HB Section: 11.485

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD		54,744,599	29,215,647	83,960,246		PSD				0	
TRF						TRF					
Total	0	54,744,599	29,215,647	83,960,246		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: Ground Emergency Medical Transportation (0422) - \$29,215,647

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for ground emergency medical transportation (GEMT) for the fee-for-service program.

3. PROGRAM LISTING (list programs included in this core funding)

Ground Emergency Medical Transportation (GEMT)

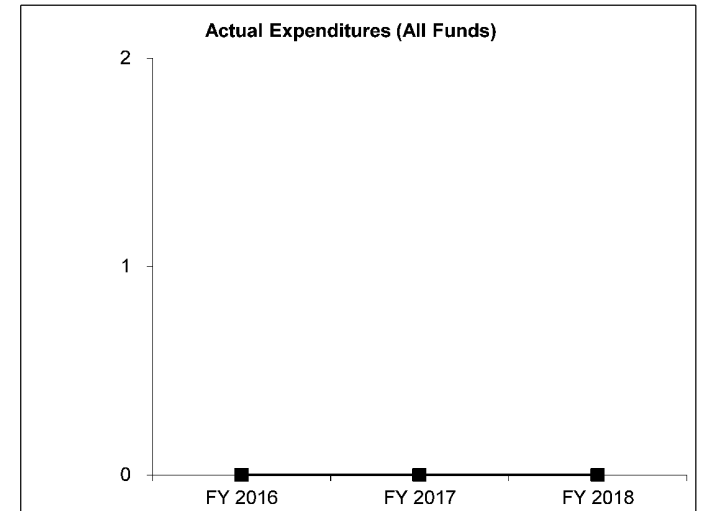
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C
HB Section: 11.485

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	0	0	83,960,246	83,960,246
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	83,960,246	83,960,246
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	83,960,246	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	53,084,513	N/A
Other	0	0	30,875,733	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GROUND EMER MED TRANSPORT**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	0	54,744,599	29,215,647	83,960,246	
				Total	0.00	0	54,744,599	29,215,647	83,960,246	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	974	3090	PD	0.00	0	(250,000)	0	(250,000)		Reallocation of GEMT Contract to Admin
Core Reallocation	974	3077	PD	0.00	0	0	(250,000)	(250,000)		Reallocation of GEMT Contract to Admin
NET DEPARTMENT CHANGES					0.00	0	(250,000)	(250,000)	(500,000)	
DEPARTMENT CORE REQUEST				PD	0.00	0	54,494,599	28,965,647	83,460,246	
				Total	0.00	0	54,494,599	28,965,647	83,460,246	
GOVERNOR'S RECOMMENDED CORE				PD	0.00	0	54,494,599	28,965,647	83,460,246	
				Total	0.00	0	54,494,599	28,965,647	83,460,246	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GROUND EMER MED TRANSPORT									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	54,744,599	0.00	54,744,599	0.00	0	0.00	
GROUND EMERG MEDICAL TRANSPRT	0	0.00	29,215,647	0.00	29,215,647	0.00	0	0.00	
TOTAL - PD	0	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00	
TOTAL	0	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL - PD	0	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$54,744,599	0.00	\$54,744,599	0.00		0.00
OTHER FUNDS	\$0	0.00	\$29,215,647	0.00	\$29,215,647	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.485

Program Name: Ground Emergency Medical Transportation (GEMT)

Program is found in the following core budget(s): GEMT

1a. What strategic priority does this program address?

Ensure ongoing ground emergency transportation

1b. What does this program do?

The Ground Emergency Medical Transportation (GEMT) Program was authorized by Senate Bill 607 passed in 2016 by the 98th General Assembly. The GEMT program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to Department of Social Services, MO HealthNet Division (hereafter referred to as MHD) participants. The supplemental payments are funded using an intergovernmental transfer (IGT) payment method. MHD will make supplemental payments to qualifying ambulance providers up to the amount uncompensated by all other sources of reimbursement. Total reimbursement from MHD including the supplemental payment will not exceed one hundred percent of actual costs.

The state plan amendment for the GEMT program was approved December 22, 2017 with an effective date of July 1, 2017. Payments for the program will begin in FY 2019.

Reimbursement Methodology

Initial Cost Settlement

- Each eligible GEMT provider must compute the annual cost in accordance with the Cost Determination Protocols and must submit the completed annual as-filed cost report, to MHD within five (5) months after the close of the State's Fiscal Year (SFY).
- MHD will make initial cost settlement payments to eligible GEMT providers. The initial cost settlement payment for each provider is based on the provider's completed annual cost report in the format prescribed by the MHD and approved by Centers for Medicare and Medicaid Services (CMS) for the applicable cost reporting year.
- To determine the GEMT payment rate, MHD must use the most recently filed cost reports of all qualifying providers. MHD will then determine an average cost per transport which will vary between the qualifying providers.

Cost Settlement Process

- The GEMT MO HealthNet Division payments and the number of transport data reported in the as-filed cost report will be reconciled to the Medicaid Management Information System (MMIS) reports generated for the cost reporting period within two (2) years of receipt of the as-filed cost report. The MHD will make adjustments to the as-filed cost report based on the reconciliation results of the most recently retrieved MMIS report.
- Each provider will receive payments in an amount equal to the greater of the interim payment or the total CMS approved Medicaid-allowable costs for GEMT services. The state share of the payment will be provided by an IGT payment from the provider.
- If, at the end of the final reconciliation, it is determined that the GEMT provider has been overpaid, the provider will return the overpayment to MHD and MHD will return the overpayment to the federal government pursuant to section 433.316 of Title 42 of the Code of Federal Regulations. If an underpayment is determined, then the GEMT provider will receive a supplemental payment in the amount of the underpayment.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

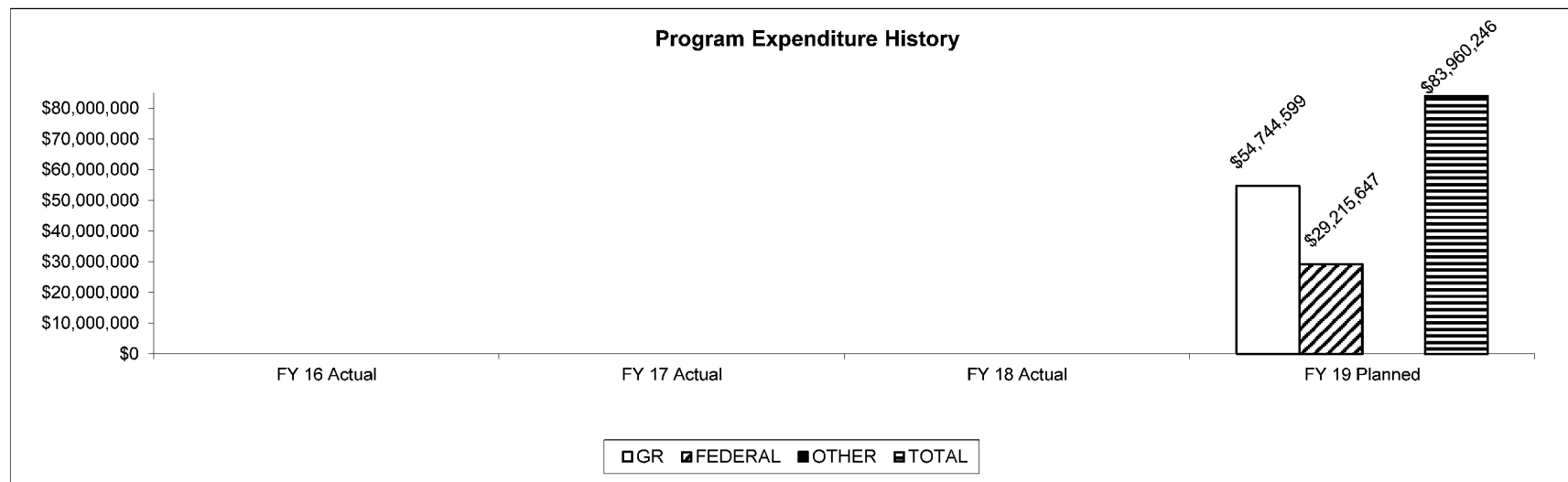
Department: Social Services

HB Section(s): 11.485

Program Name: Ground Emergency Medical Transportation (GEMT)

Program is found in the following core budget(s): GEMT

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

IGT: Ground Emergency Medical Transportation Fund (0422)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Senate Bill 607 passed by the 98th General Assembly in 2016.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

Complex Rehab Technology

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.490

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	3,903,482	7,309,986		11,213,468		PSD				0	
TRF						TRF					
Total	3,903,482	7,309,986	0	11,213,468		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This core funds items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs.

3. PROGRAM LISTING (list programs included in this core funding)

Complex Rehab Technology

CORE DECISION ITEM

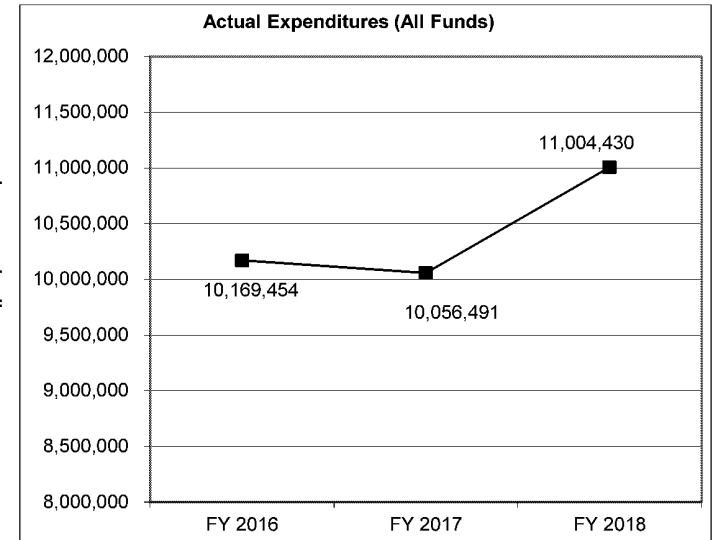
Department: Social Services
Division: MO HealthNet
Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.490

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	11,501,637	11,666,969	11,654,537	11,213,468
Less Reverted (All Funds)	(125,319)	(125,352)	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	11,376,318	11,541,617	11,654,537	N/A
Actual Expenditures (All Funds)	10,169,454	10,056,491	11,004,430	N/A
Unexpended (All Funds)	1,206,864	1,485,126	650,107	N/A
Unexpended, by Fund:				
General Revenue	68,610	354,846	229,667	N/A
Federal	1,138,254	1,130,280	420,440	N/A
Other	0	0	0	N/A
			(1)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - \$171,634 GR and \$420,440 Fed was used as flex to cover shortfalls in other program areas.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
COMPLEX REHAB TECHNLOGY PRDUCTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	3,903,482	7,309,986	0	11,213,468	
	Total	0.00	3,903,482	7,309,986	0	11,213,468	
DEPARTMENT CORE REQUEST							
	PD	0.00	3,903,482	7,309,986	0	11,213,468	
	Total	0.00	3,903,482	7,309,986	0	11,213,468	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	3,903,482	7,309,986	0	11,213,468	
	Total	0.00	3,903,482	7,309,986	0	11,213,468	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
COMPLEX REHAB TECHNLOGY PRODUCTS									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	3,937,293	0.00	3,903,482	0.00	3,903,482	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	7,067,137	0.00	7,309,986	0.00	7,309,986	0.00	0	0.00	
TOTAL - PD	11,004,430	0.00	11,213,468	0.00	11,213,468	0.00	0	0.00	
TOTAL	11,004,430	0.00	11,213,468	0.00	11,213,468	0.00	0	0.00	
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,608	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,013	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	4,621	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	4,621	0.00	0	0.00	
GRAND TOTAL	\$11,004,430	0.00	\$11,213,468	0.00	\$11,218,089	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90577C BUDGET UNIT NAME: Complex Rehab Technology HOUSE BILL SECTION: 11.490	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$11,218,089 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$1,121,809 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$11,218,089	% Flex 10%	Flex Amount \$1,121,809	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$11,218,089	% Flex 10%	Flex Amount \$1,121,809	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$592,074	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.490

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

1a. What strategic priority does this program address?

Provide therapeutic/adaptive equipment to keep participants in their homes

1b. What does this program do?

The Complex Rehab Technology program includes items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic and instrumental activities of daily living to prevent hospitalization and/or institutionalization of a patient with complex needs. Such items must be identified as medically necessary and include, but are not limited to, complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning seats, and other specialized equipment such as standing frames and gait trainers.

Rate History

07/01/18: ~1.5% rate increase on DME services.

07/01/17: 3% rate decrease on complex rehab DME items with an established fee listed on the fee schedule. Manually priced wheelchairs and accessories remain at 90% of MSRP for manual and custom wheelchairs, and 95% for power wheelchairs at this time.

07/01/16: -2% rate increase on all DME services listed on the fee schedule.

01/01/16: 1 % rate increase on all DME services listed on the fee schedule (funded by the Tax Amnesty Fund).

07/01/15: Increase rates to 100% of the 04/01/10 Medicare fee schedule; manually priced wheelchairs and accessories increased to 90% of MSRP for manual and custom wheelchairs, and 95% of MSRP for power wheelchairs. A portion of this increase was funded with the Tax Amnesty Fund.

08/12/10: Decrease rates for all services except complex rehab items to 96.5% of the 01/01/10 Medicare fee schedule; oxygen reimbursement methodology revised to increase reimbursement of portable systems and decrease reimbursement of stationary systems.

04/15/10: Decrease rates to 100% of the 01/01/09 Medicare fee schedule; manually priced wheelchairs and accessories decreased to 80% of MSRP for manual and custom wheelchairs, and 85% of MSRP for power wheelchairs; revised requirements for eligibility for nursing home wheelchairs to decrease costs.

PROGRAM DESCRIPTION

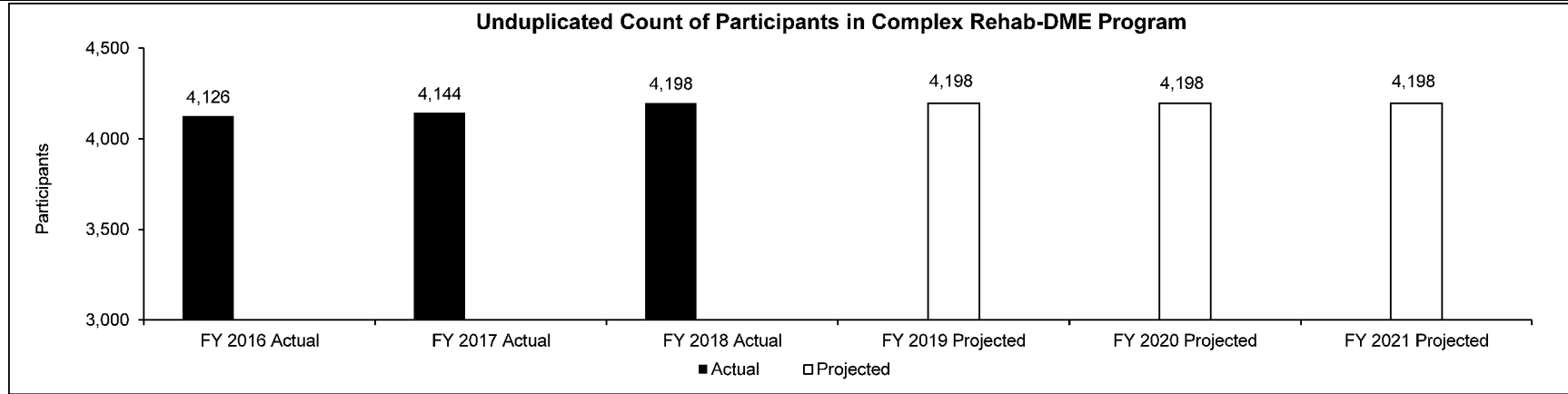
Department: Social Services

HB Section(s): 11.490

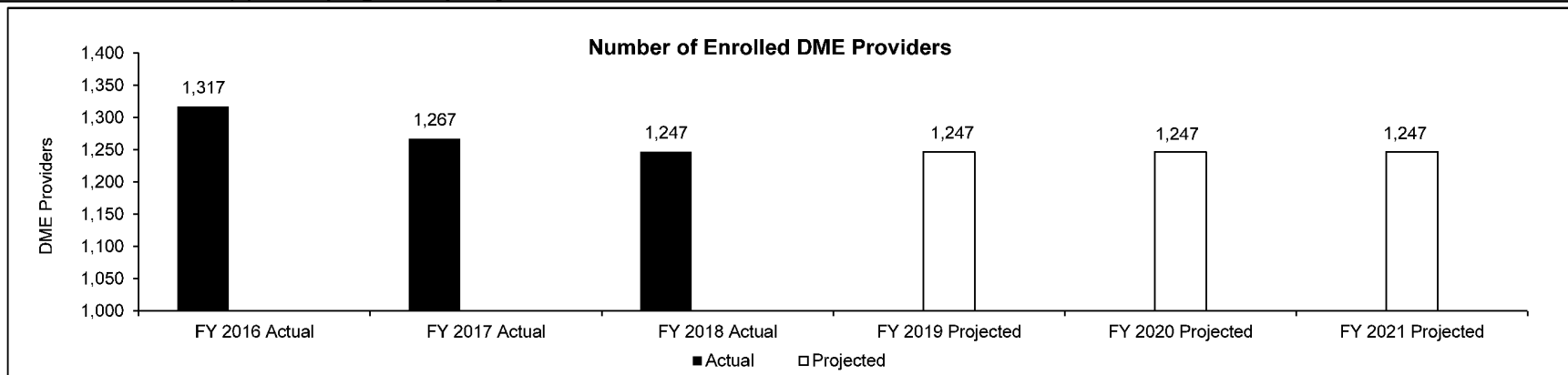
Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

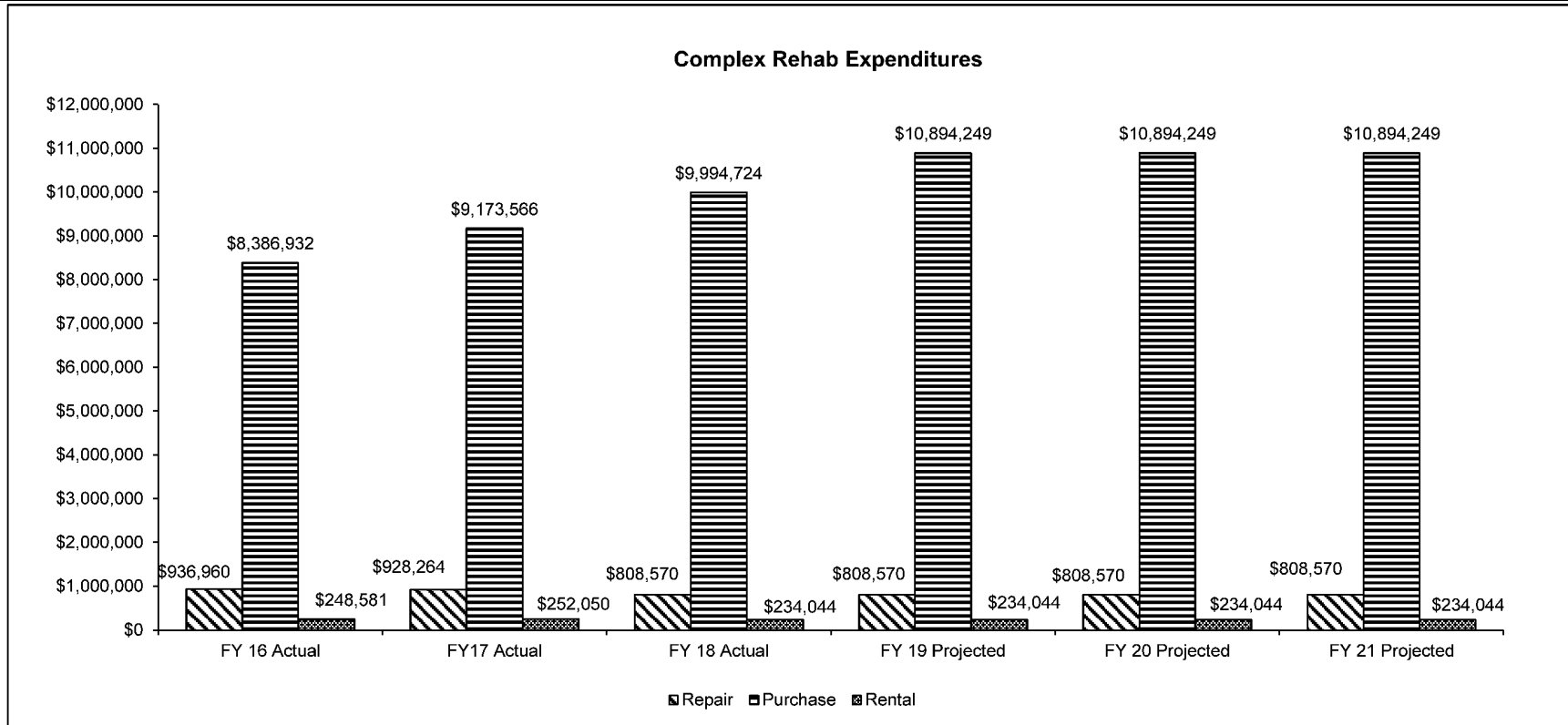
Department: Social Services

HB Section(s): 11.490

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

2c. Provide a measure(s) of the program's impact.



With the implementation of the CURES Act, certain DME services' rates were lowered to the Medicare rate, effective 8/1/18. It is anticipated that the amount of purchases will increase in FY 19 as a result.

*Includes Complex Rehab only; does not include regular DME services.

PROGRAM DESCRIPTION

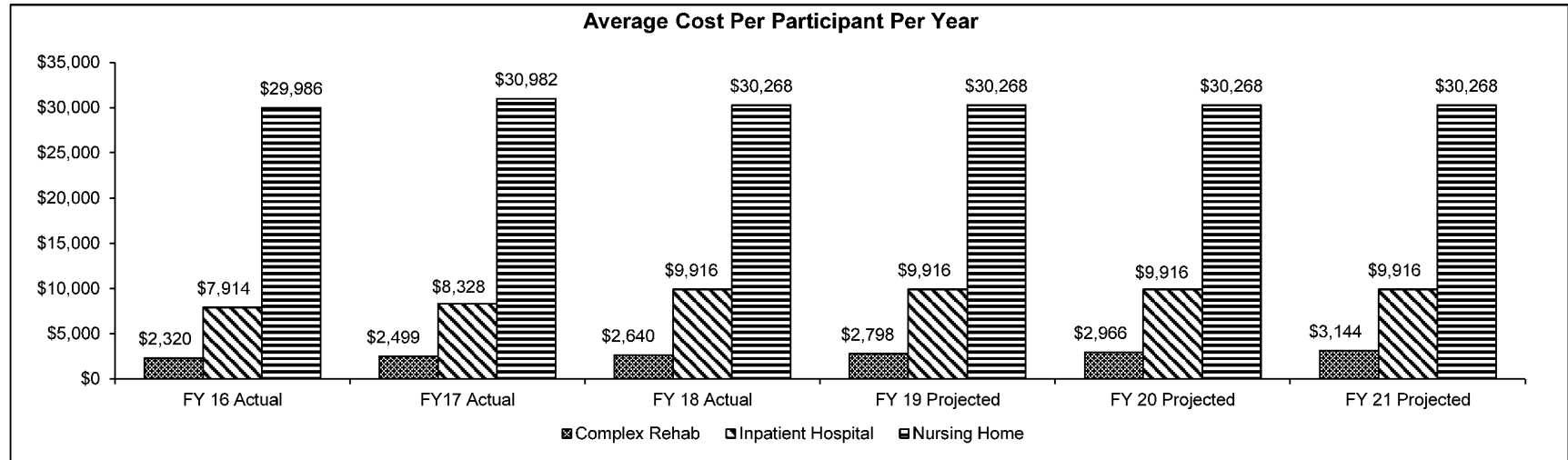
Department: Social Services

HB Section(s): 11.490

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

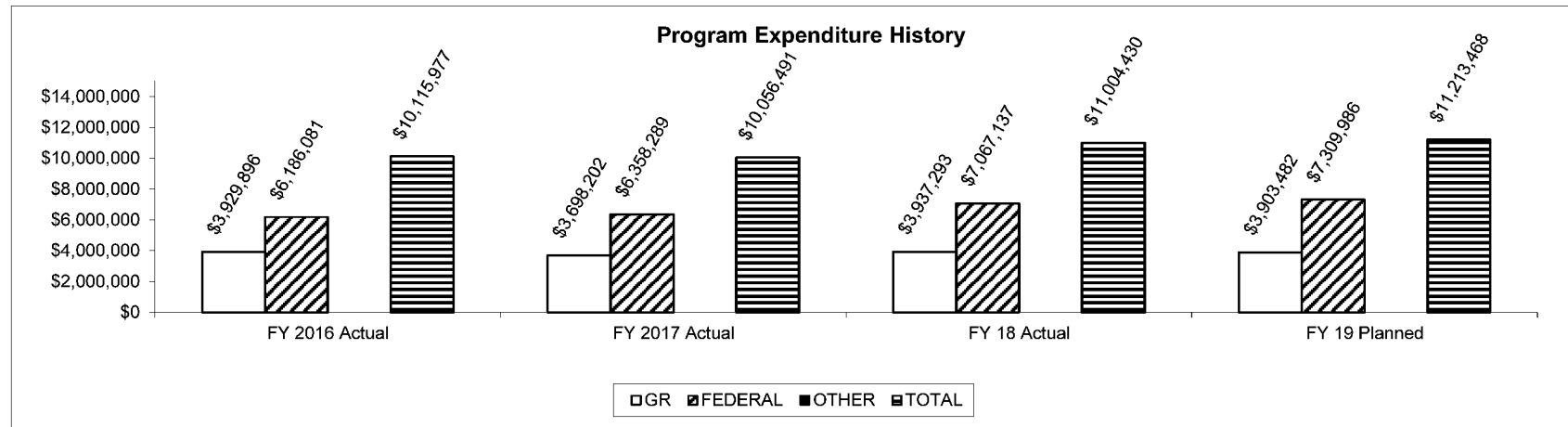
Department: Social Services

HB Section(s): 11.490

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

Managed Care

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C

HB Section: 11.505

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE				0	
PSD	351,284,027	1,322,825,737	258,453,187	1,932,562,951		PSD				0	
TRF						TRF					
Total	351,284,027	1,322,825,737	258,453,187	1,932,562,951		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>						<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					

Other Funds:

Health Initiatives Fund (HIF) (0275) - \$18,590,380
Federal Reimbursement Allowance Fund (FRA) (0142) - \$135,405,543
Life Sciences Research Trust Fund (0763) - \$27,790,024
Healthy Families Trust Fund (0625) - \$22,883,390
Ambulance Service Reimb Allowance Fund (0958) - \$1,702,257
Uncompensated Care Fund (0108) - \$33,848,436
Premium Fund (0885) - \$9,259,854
Intergovernmental Transfer Fund (0139) - \$8,973,303

Other Funds:

2. CORE DESCRIPTION

This funds the MO HealthNet Managed Care program to provide health care services to the MO HealthNet Managed Care population.

3. PROGRAM LISTING (list programs included in this core funding)

Managed Care

CORE DECISION ITEM

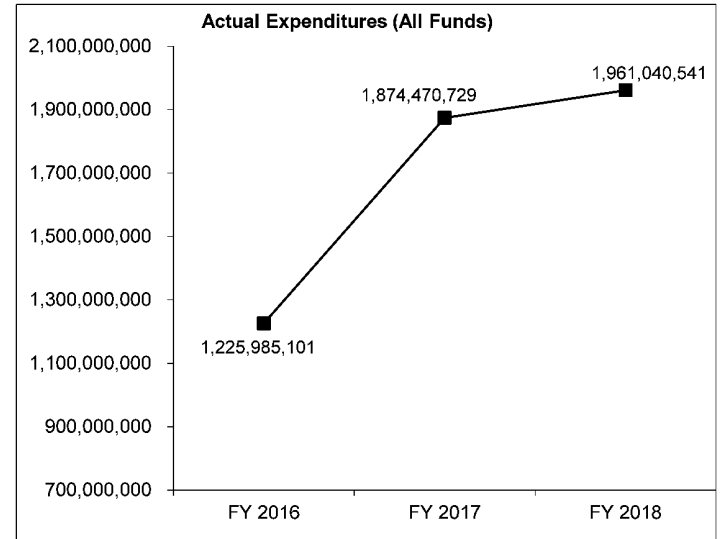
Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C

HB Section: 11.505

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	1,232,355,587	1,899,173,873	2,268,296,272	2,057,794,326
Less Reverted (All Funds)	(241,652)	0	(557,711)	
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,232,113,935	1,899,173,873	2,267,738,561	2,057,794,326
Actual Expenditures (All Funds)	1,225,985,101	1,874,470,729	1,961,040,541	N/A
Unexpended (All Funds)	6,128,834	24,703,144	306,698,020	N/A
Unexpended, by Fund:				
General Revenue	102,319	7,103,647	35,317,448	N/A
Federal	176,328	17,594,497	210,817,633	N/A
Other	5,850,187	5,001	60,562,939	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - Actual appropriations and expenditures include those from the Statewide Managed Care Expansion section.

(2) FY17 - The statewide managed care expansion appropriations have been reallocated to the managed care section and are included in the total.

(3) FY18 - Unexpended funds include \$450,000 GR and \$809,093 Fed that were used as flex to pay for Medicare parity payments to primary care physicians out of the Physician fee-for-service line. The remaining portion (\$1,050,000 GR and \$1,002,756 Fed) was placed in agency reserve and lapsed. The Governor released \$33,817,448 GR on the last day of the fiscal year that was not able to be spent.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	373,622,612	1,425,715,527	258,456,187	2,057,794,326	
				Total	0.00	373,622,612	1,425,715,527	258,456,187	2,057,794,326	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	953	4836	PD	0.00		0	(62,450,000)	0	(62,450,000)	Corresponding CHIP Increased Enhancement Fund (0492) core reduction.
Core Reduction	954	1784	PD	0.00		0	(39,618,824)	0	(39,618,824)	Core reduction due to waiver of the Health Insurer Fee requirement in FY20
Core Reduction	954	1783	PD	0.00		(21,900,458)	0	0	(21,900,458)	Core reduction due to waiver of the Health Insurer Fee requirement in FY20
Core Reallocation	957	4838	PD	0.00		0	(820,966)	0	(820,966)	Reallocation of Neonatal Parity approps to Physician FFS (HB 11.455) and MC (HB 11.505).
Core Reallocation	957	4837	PD	0.00		(438,127)	0	0	(438,127)	Reallocation of Neonatal Parity approps to Physician FFS (HB 11.455) and MC (HB 11.505).
Core Reallocation	959	1784	PD	0.00		0	1,915,590	0	1,915,590	Reallocation of Neonatal to MC Core
Core Reallocation	959	1783	PD	0.00		1,022,295	0	0	1,022,295	Reallocation of Neonatal to MC Core
Core Reallocation	959	4838	PD	0.00		0	(1,915,590)	0	(1,915,590)	Reallocation of Neonatal to MC Core
Core Reallocation	959	4837	PD	0.00		(1,022,295)	0	0	(1,022,295)	Reallocation of Neonatal to MC Core
Core Reallocation	978	7166	PD	0.00		0	0	(3,000)	(3,000)	Reallocation of LSRTF Audit to Admin (HB 11.400).
NET DEPARTMENT CHANGES					0.00	(22,338,585)	(102,889,790)	(3,000)	(125,231,375)	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
DEPARTMENT CORE REQUEST							
	PD	0.00	351,284,027	1,322,825,737	258,453,187	1,932,562,951	
	Total	0.00	351,284,027	1,322,825,737	258,453,187	1,932,562,951	
<hr/>							
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	351,284,027	1,322,825,737	258,453,187	1,932,562,951	
	Total	0.00	351,284,027	1,322,825,737	258,453,187	1,932,562,951	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MANAGED CARE									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	3,446,092	0.00	0	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	1,558,693	0.00	0	0.00	0	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	3,724,391	0.00	0	0.00	0	0.00	0	0.00	
HEALTH INITIATIVES	801,125	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	9,530,301	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	421,297,417	0.00	373,622,612	0.00	351,284,027	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	1,254,392,563	0.00	1,344,515,527	0.00	1,304,075,737	0.00	0	0.00	
CHIP INCREASED ENHANCEMENT	0	0.00	81,200,000	0.00	18,750,000	0.00	0	0.00	
UNCOMPENSATED CARE FUND	33,848,436	0.00	33,848,436	0.00	33,848,436	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	0	0.00	8,973,303	0.00	8,973,303	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	131,585,488	0.00	135,405,543	0.00	135,405,543	0.00	0	0.00	
HEALTH INITIATIVES	13,885,018	0.00	18,590,380	0.00	18,590,380	0.00	0	0.00	
HEALTHY FAMILIES TRUST	48,358,354	0.00	22,883,390	0.00	22,883,390	0.00	0	0.00	
LIFE SCIENCES RESEARCH TRUST	35,724,296	0.00	27,793,024	0.00	27,790,024	0.00	0	0.00	
PREMIUM	10,716,411	0.00	9,259,854	0.00	9,259,854	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	1,702,257	0.00	1,702,257	0.00	1,702,257	0.00	0	0.00	
TOTAL - PD	1,951,510,240	0.00	2,057,794,326	0.00	1,932,562,951	0.00	0	0.00	
TOTAL	1,961,040,541	0.00	2,057,794,326	0.00	1,932,562,951	0.00	0	0.00	
Managed Care Actuarial Inc - 1886028									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	47,567,467	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	89,132,441	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	136,699,908	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	136,699,908	0.00	0	0.00	
Managed Care Phy Payments - 1886035									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,956,090	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MANAGED CARE									
Managed Care Phy Payments - 1886035									
PROGRAM-SPECIFIC									
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	1,043,910	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	3,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	3,000,000	0.00	0	0.00	
CHIP Enhanced GR Pick-Up - 1886041									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	62,450,000	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	62,450,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	62,450,000	0.00	0	0.00	
GRAND TOTAL	\$1,961,040,541	0.00	\$2,057,794,326	0.00	\$2,134,712,859	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.505	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 20%;"> Total \$2,134,712,859 </td> <td style="text-align: center; width: 10%;"> % Flex 0.25% </td> <td style="text-align: center; width: 10%;"> Flex Amount \$5,336,782 </td> <td style="width: 60%; vertical-align: top;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510. </td> </tr> </table>		Total \$2,134,712,859	% Flex 0.25%	Flex Amount \$5,336,782	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total \$2,134,712,859	% Flex 0.25%	Flex Amount \$5,336,782	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.	.25% flexibility is being requested for FY20			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.505	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$2,134,712,859 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$213,471,286 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$2,134,712,859	% Flex 10%	Flex Amount \$213,471,286	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$2,134,712,859	% Flex 10%	Flex Amount \$213,471,286	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
\$0	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.	10% flexibility is being requested for FY20			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
CORE								
PROFESSIONAL SERVICES	9,530,301	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	9,530,301	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	1,951,510,240	0.00	2,057,794,326	0.00	1,932,562,951	0.00	0	0.00
TOTAL - PD	1,951,510,240	0.00	2,057,794,326	0.00	1,932,562,951	0.00	0	0.00
GRAND TOTAL	\$1,961,040,541	0.00	\$2,057,794,326	0.00	\$1,932,562,951	0.00	\$0	0.00
GENERAL REVENUE	\$424,743,509	0.00	\$373,622,612	0.00	\$351,284,027	0.00		0.00
FEDERAL FUNDS	\$1,255,951,256	0.00	\$1,425,715,527	0.00	\$1,322,825,737	0.00		0.00
OTHER FUNDS	\$280,345,776	0.00	\$258,456,187	0.00	\$258,453,187	0.00		0.00

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.505

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

The MO HealthNet Division operates a Health Maintenance Organization (HMO) style managed care program in which the State of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs)). The MO HealthNet Managed Care health plans provide health care services to enrollees and are paid a monthly capitation payment for each enrollee they serve. Federal Regulation 42 CFR 438-Managed Care and State Authority Section 208.166, RSMo, require capitation payments made on behalf of managed care participants to be actuarially sound. Therefore, MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. MO HealthNet Managed Care's objectives are to provide the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes while controlling costs.

As of May 1, 2017, statewide participation in MO HealthNet Managed Care is mandatory for the following MO HealthNet eligibility groups:

- MO HealthNet for Families - Adults and Children;
- MO HealthNet for Children;
- Refugees;
- MO HealthNet for Pregnant Women;
- Children's Health Insurance Program (CHIP);
- Children in state care and custody; and
- Show Me Healthy Babies Program (SMHB).

Those participants who receive Supplemental Security Income (SSI), meet the SSI medical disability definition, or get adoption subsidy benefits may stay in MO HealthNet Managed Care or may choose to "opt out" and receive services on a fee-for-service basis instead.

In MO HealthNet Managed Care, enrollees receive the majority of their services through the managed care benefit. Examples of services included in the capitation payment paid to health plans are: hospital; physician; emergency medical services; Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services; family planning services; dental; optical; audiology; personal care; and behavioral health services. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; transplants; school-based therapy; Department of Health and Senior Services newborn screening services; certain behavioral health services, including ICF/ID; community psychiatric rehabilitation services; Comprehensive Substance Treatment and Rehabilitation (CSTAR) services; tobacco cessation; and behavioral health services for children in the care and custody of the state.

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.505

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

The MO HealthNet Managed Care program is subject to an approved CHIP State Plan Amendment and an approved federal 1915(b) waiver. An independent evaluation of the MO HealthNet Managed Care program is required by the Centers for Medicare and Medicaid Services (CMS) with respect to access to care and quality of services. At the end of the waiver period or at prescribed intervals within the waiver period, the state must demonstrate that their waiver cost projections and budget neutrality projections are reasonable and consistent with statute, regulation and guidance.

Along with quality assessment, monitoring MO HealthNet Managed Care health plan compliance with contractual requirements is a primary method to measure whether the goals of managed care are being met. Contractual compliance monitoring begins with the issuance of the Request for Proposal (RFP) and continues throughout the contract. Contract compliance is measured through a variety of methods. The MO HealthNet Division has a relationship with the Missouri Department of Insurance, Financial Institutions and Professional Registration to analyze MO HealthNet Managed Care health plan provider networks in accordance with 20 CSR 400-7.095 to ensure that the network is adequate to meet the needs of enrollees.

Managed Care quality is monitored, evaluated, and improved on a continuous basis through the following tools and processes:

- Healthcare Effectiveness Data Information Set (HEDIS) measures are tracked for each health plan and compared to statewide and national averages to assess Missouri's performance on key healthcare quality benchmarks.
- National Committee for Quality Assurance (NCQA) accreditation is required for each Managed Care plan.
- Performance Withhold Program encourages quality improvement by setting aside a portion of capitation payments made to health plans, which the health

Year	Actuarial Rate Increase
FY 2019	\$35,579,257
FY 2018	\$20,403,308
FY 2017	\$21,266,346
FY 2016	\$11,192,155
FY 2015	\$54,573,006

PROGRAM DESCRIPTION

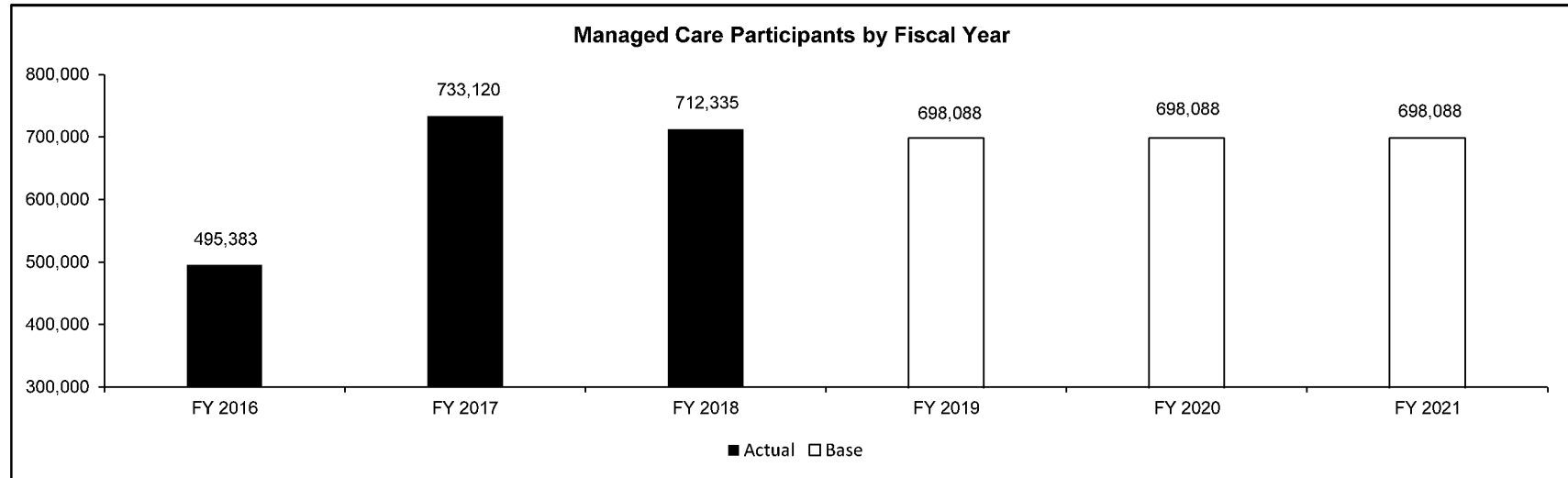
Department: Department of Social Services

HB Section(s): 11.505

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total managed care participants served by category.

Note 2: FY2019 Base is a 2% decrease from the prior FY Actual. Enrollment is expected to decline due to a DSS eligibility reconciliation process. FY2020 and FY2021 Base is unknown due to this process.

PROGRAM DESCRIPTION

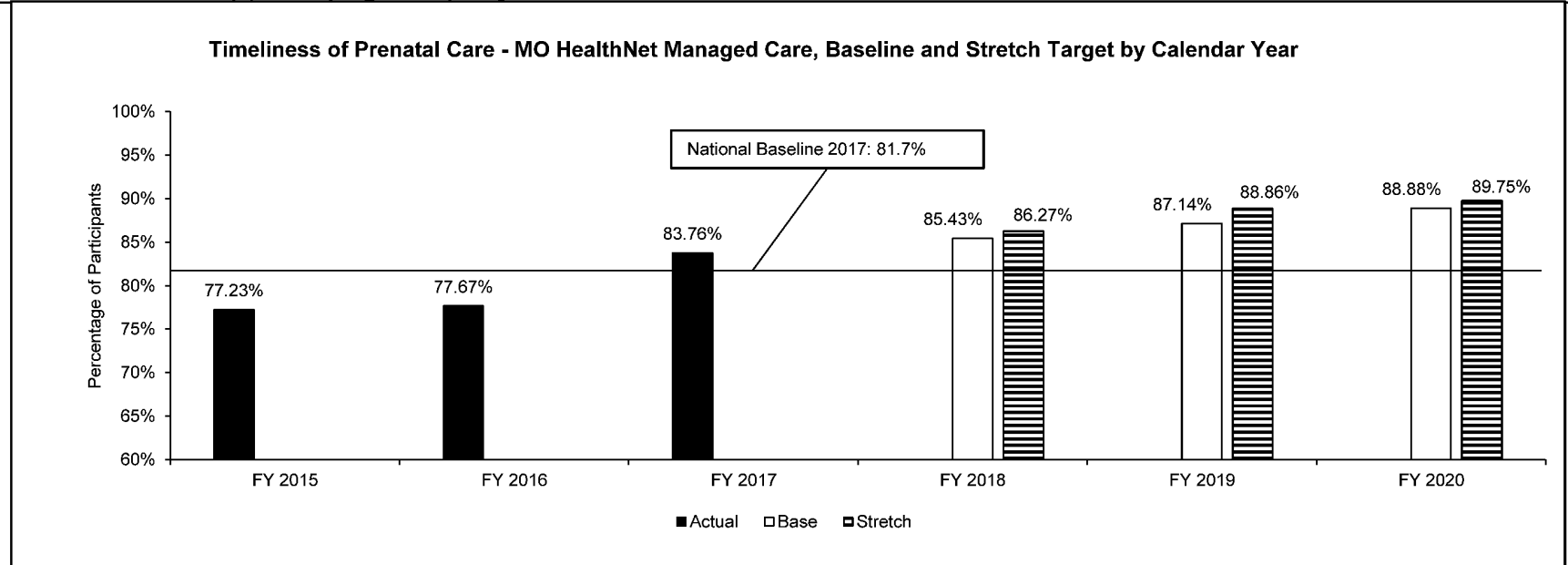
Department: Department of Social Services

HB Section(s): 11.505

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2b. Provide a measure(s) of the program's quality.



Note 1: Chart depicts the percentage of deliveries that received a prenatal care visit as a member in the first trimester. Preventive visits increase cost effectiveness through avoiding expensive health care costs. Prenatal care is important for preventing adverse birth outcomes, expensive hospitalizations, and costs associated with long-term disabilities.

Note 2: This is a HEDIS measure, which are standardized measures that allow for routine assessment and continual improvement in the quality of health care.

Note 3: Base is a 2% increase from the prior FY Actual. Stretch is a 3% increase from the prior FY Actual.

PROGRAM DESCRIPTION

Department: Department of Social Services

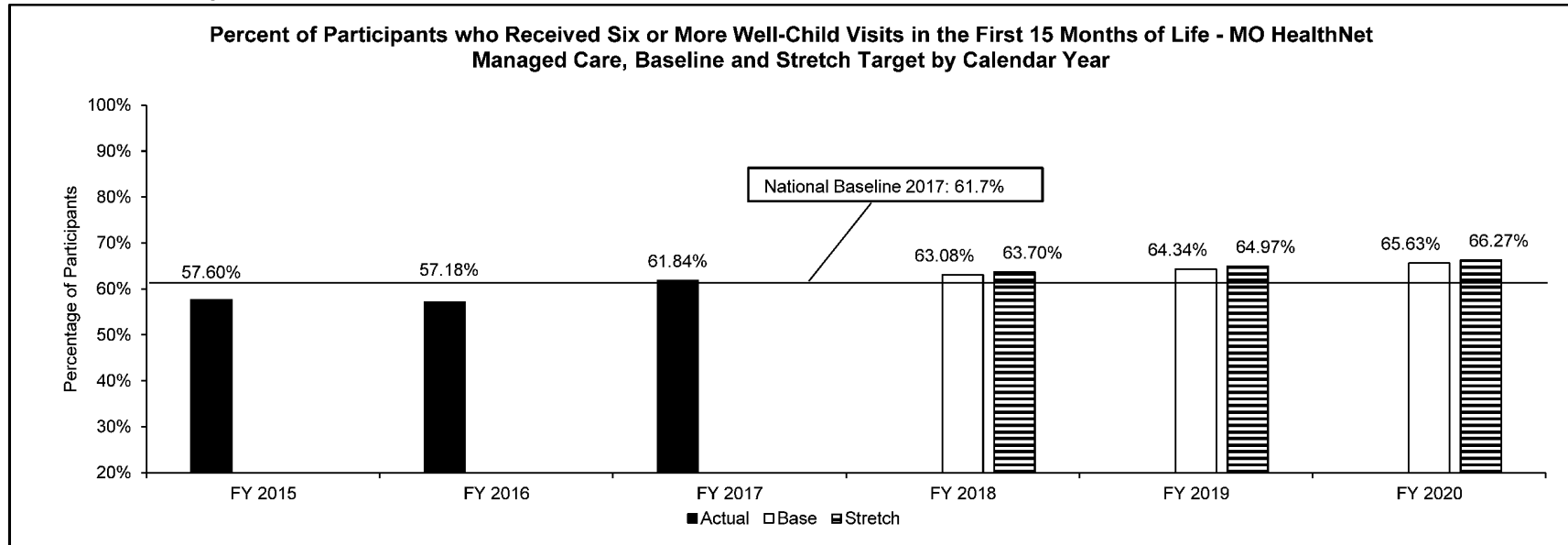
HB Section(s): 11.505

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2c. Provide a measure(s) of the program's impact.

Increase the percentage of participants who receive six or more well-child visits in the first 15 months of life.



Note 1: Chart depicts the percentage of participants who receive six or more well-child visits in the first 15 months of life.

Note 2: Base is a 2% increase from the prior FY Actual. Stretch is a 3% increase from the prior FY Actual.

PROGRAM DESCRIPTION

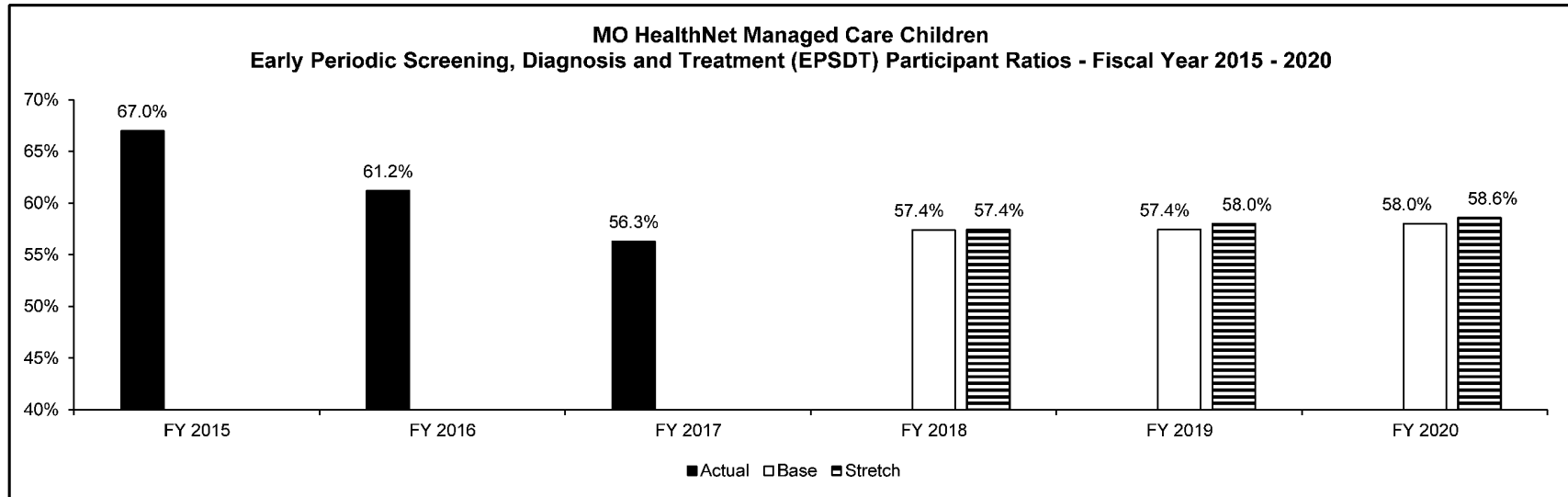
Department: Department of Social Services

HB Section(s): 11.505

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2d. Provide a measure(s) of the program's efficiency.



Note 1: Chart depicts the ratio of participants that received at least one initial or periodic screening. Measure relates to eligible children and youth under the age of 21 years..

Note 2: Program measure provides early and periodic medical/dental screenings, diagnosis and treatment to keep children healthy and prevent illness or disability.

Note 3: Measure is part of the Performance Withhold Program due to it reducing costs associated with defects and chronic conditions. A portion of the capitated rate paid to the Managed Care health plans is withheld until the health plan achieves benchmarks set by the State.

Note 4: Base is a 1% increase of the numerator from the prior FY Actual. Stretch is a 2% increase of the numerator from the prior FY Actual.

PROGRAM DESCRIPTION

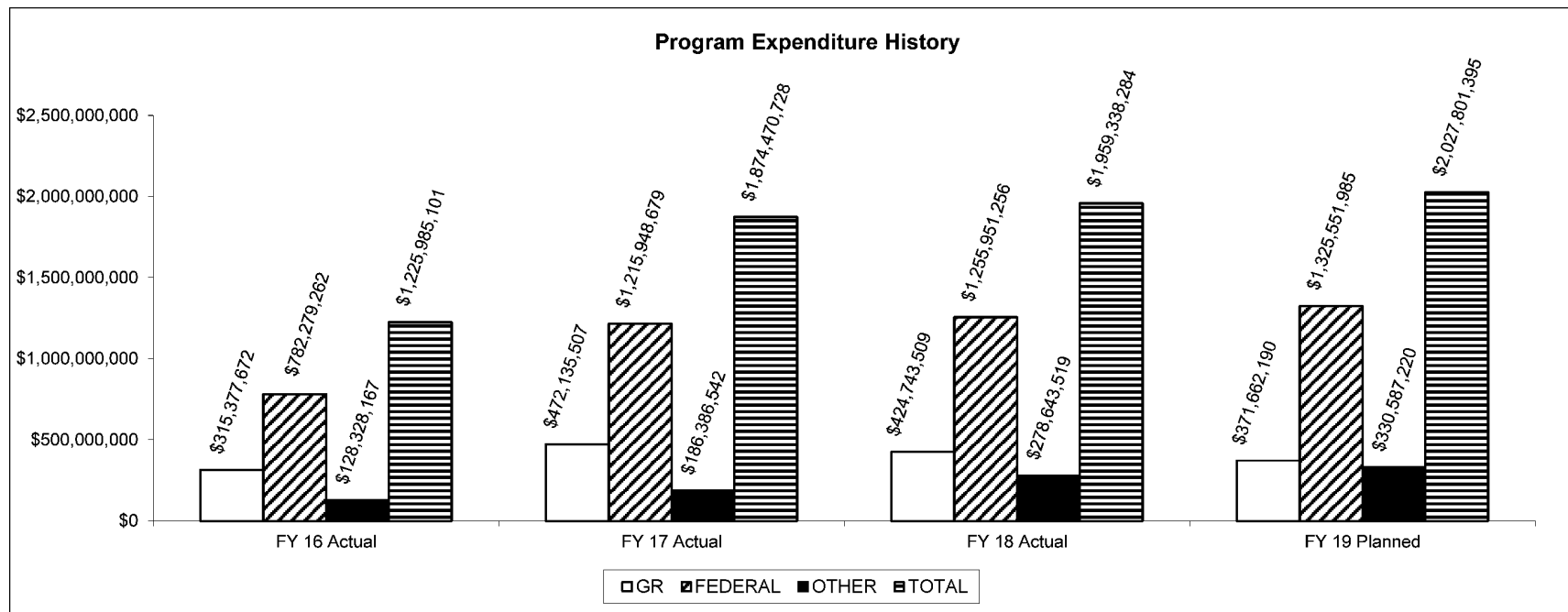
Department: Department of Social Services

HB Section(s): 11.505

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142), Mo HealthNet Managed Care Org Fund (0160), Health Initiatives Fund (0275), Healthy Families Trust (0625), Life Sciences Research Trust Fund (0763), Ambulance Service Reimbursement Fund (0958), Uncompensated Care (0108), Premium Fund (0885), Pharmacy Rebates (0114), and Pharmacy Reimbursement Allowance (0144).

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.505

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.166, RSMo; Federal law: Social Security Act Sections 1902(a)(4), 1903(m), 1915(b), 1932; Federal Regulations: 42 CFR 438 and 412.106.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%. Missouri's state matching requirement for enhanced CHIP FMAP is around 24% and the federal match is around 76%.

7. Is this a federally mandated program? If yes, please explain.

MO HealthNet Managed Care covers most services available to fee-for-service participants. As such, both mandatory and non-mandatory services are included. Services not included in MO HealthNet Managed Care are available on a fee-for-service basis as specified in the FFS cores.

NEW DECISION ITEM
RANK: 21 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: CHIP Enhanced GR Pick-Up

DI# 1886041

Budget Unit: 90551C
HB Section: 11.505

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	62,450,000			62,450,000
TRF				
Total	62,450,000	0	0	62,450,000

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input checked="" type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

In FFY 2020 (October 1, 2019) the Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027. The January 2018 continuing resolution provided a phase down and after FFY 2020 eliminated the current 23% enhanced CHIP match rate.

NEW DECISION ITEM
RANK: 21 OF 51

Department: Social Services

Budget Unit: 90551C

Division: MO HealthNet

DI Name: CHIP Enhanced GR Pick-Up

DI# 1886041

HB Section:

11.505

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

In FFY 2020 (October 1, 2019) the Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027. The January 2018 continuing resolution provided a phase down and after FFY 2020 eliminated the current 23% enhanced CHIP match rate. There is a corresponding core reduction from the CHIP Increased Enhancement Fund for \$62,450,000.

FY19 Appropriation	Estimated FY20 CHIP Enhanced	Difference
\$81,200,000	\$18,750,000	\$62,450,000

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	62,450,000						62,450,000		
Total PSD	62,450,000		0		0		62,450,000		0
Grand Total	62,450,000	0.0	0	0.0	0	0.0	62,450,000	0.0	0

NEW DECISION ITEM

RANK: 21

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: CHIP Enhanced GR Pick-Up

DI# 1886041

Budget Unit: 90551C

HB Section: 11.505

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This NDI is exempt from performance measures as it is a GR pick-up.

6b. Provide a measure of the program's quality.

This NDI is exempt from performance measures as it is a GR pick-up.

6c. Provide a measure of the program's impact.

This NDI is exempt from performance measures as it is a GR pick-up.

6d. Provide a measure of the program's efficiency

This NDI is exempt from performance measures as it is a GR pick-up.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
CHIP Enhanced GR Pick-Up - 1886041								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	62,450,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	62,450,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$62,450,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$62,450,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NEW DECISION ITEM
RANK: 30 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Managed Care Physician Payments

DI# 1886035

Budget Unit: 90551C

HB Section: 11.505

1. AMOUNT OF REQUEST

	FY 2020 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD		1,749,375	933,592	2,682,966
TRF				
Total	0	1,749,375	933,592	2,682,966
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Social Services Intergovernmental Transfer Fund (0139) - \$933,592

	FY 2020 Governor's Recommendation			
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF				
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funds are needed for supplemental payments to Tier 1 Safety Net Hospitals, to any affiliated physician group that provides physicians for any Tier 1 Safety Net Hospital, and for physician and other healthcare professional services as approved by the Centers for Medicare and Medicaid Services (CMS). Authorization is provided in House Bill No. 2011 from the the 99th General Assembly and from CMS approval of the 438.6(c) waiver submission.

There are two entities which currently qualify as safety net hospitals--1) Truman Medical Center and 2) University of Missouri Kansas City. Safety net hospitals traditionally see a high volume of Medicaid and uninsured patients, therefore this program was established to provide a mechanism to fund enhanced payments to these hospitals. Enhanced physician payments are made in addition to the amount established under the MO HealthNet fee schedule. The additional payment is equal to the lower of the difference between the MO HealthNet allowable reimbursement for the service and 1) the Medicare allowable reimbursement or 2) the provider's actual charge for the service.

NEW DECISION ITEM
RANK: 30 OF 51

Department: Social Services

Budget Unit: 90551C

Division: MO HealthNet

DI Name: Managed Care Physician Payments

DI# 1886035

HB Section:

11.505

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Additional funding is needed in SFY 20 to fund trend increases for supplemental Medicaid reimbursement. The FY 20 trend is estimated to be 11% based on a trend study by Sellers Dorsey. If the trend is applied to the current funding the amount needed is \$2,682,966.

Current Funding: \$24,390,604

FY 20 Trend 11%

Funding Needed \$2,682,966

FMAP	Total	IGT	Federal
65.203%	\$2,682,966	\$933,592	\$1,749,375

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	0		1,749,375		933,592		2,682,966		
Total PSD	0		1,749,375		933,592		2,682,966		0
Grand Total	0	0.0	1,749,375	0.0	933,592	0.0	2,682,966	0.0	0

NEW DECISION ITEM

RANK: 30

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: Managed Care Physician Payments

DI# 1886035

Budget Unit: 90551C

HB Section: 11.505

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This program is exempt from performance measures as it is an intergovernmental transfer.

6b. Provide a measure of the program's quality.

This program is exempt from performance measures as it is an intergovernmental transfer.

6c. Provide a measure of the program's impact.

This program is exempt from performance measures as it is an intergovernmental transfer.

6d. Provide a measure of the program's efficiency

This program is exempt from performance measures as it is an intergovernmental transfer.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
Managed Care Phy Payments - 1886035								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,956,090	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$1,043,910	0.00		0.00

Hospital Care

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.510

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE		215,000	215,000	430,000	
PSD	31,485,822	353,779,361	128,487,369	513,752,552	
TRF					
Total	31,485,822	353,994,361	128,702,369	514,182,552	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Federal Reimbursement Allowance Fund (FRA) (0142) - \$88,321,216
Healthy Families Trust Fund (0625) - \$40,365,444
Pharmacy Reimbursement Allowance (0144) - \$15,709

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE				0	
PSD				0	
TRF					
Total	0	0	0	0	
FTE				0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item provides funding to reimburse hospitals for services provided to fee-for-service MO HealthNet participants

3. PROGRAM LISTING (list programs included in this core funding)

Inpatient and Outpatient hospital services

CORE DECISION ITEM

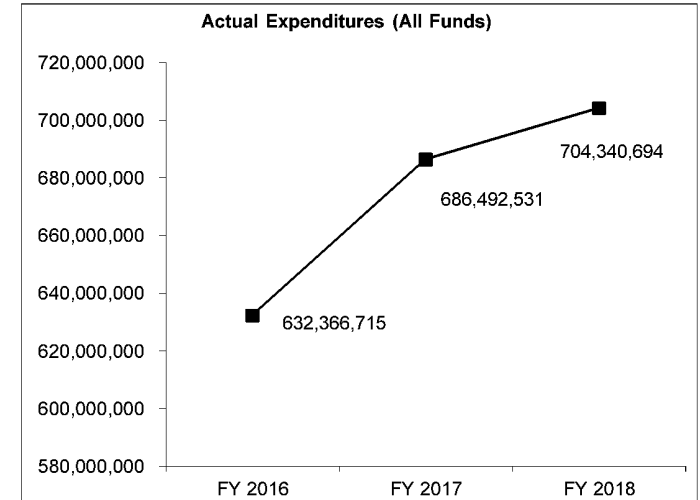
Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.510

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	634,988,208	692,301,231	706,111,353	514,763,952
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)*	0	(550,000)	0	
Budget Authority (All Funds)	634,988,208	691,751,231	706,111,353	514,763,952
Actual Expenditures (All Funds)	632,366,715	686,492,531	704,340,694	N/A
Unexpended (All Funds)	2,621,493	5,258,700	1,770,659	N/A
Unexpended, by Fund:				
General Revenue	1,492,813	0	545,790	N/A
Federal	883,195	556,538	891,342	N/A
Other	245,485	4,702,162	333,527	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - Supplemental of \$58,441,550 (\$39,347,055 GR). \$284,061,323 was paid from MC Expansion.

(2) FY17 - \$218,206,679 was paid from Managed Care.

(3) FY18 - \$16,654,732 GR and \$26,503,997 FED was transferred in to cover expenditures in FY18. \$100,000 GR for Pager Pilot and \$100,000 GR for Telemonitoring was released on the last day of FY18 and lapsed.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HOSPITAL CARE**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				EE	0.00	0	215,000	215,000	430,000	
				PD	0.00	31,409,136	354,037,447	128,487,369	513,933,952	
				Total	0.00	31,409,136	354,252,447	128,702,369	514,363,952	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	955	1432	PD	0.00		(123,314)	0	0	(123,314)	Core reduction due to recoveries by MMAC
Core Reduction	955	6471	PD	0.00		0	(233,086)	0	(233,086)	Core reduction due to recoveries by MMAC
Core Reallocation	961	1432	PD	0.00		200,000	0	0	200,000	Reallocation of DSH Audit Surveys to Admin
Core Reallocation	961	6471	PD	0.00		0	(25,000)	0	(25,000)	Reallocation of DSH Audit Surveys to Admin
NET DEPARTMENT CHANGES					0.00	76,686	(258,086)	0	(181,400)	
DEPARTMENT CORE REQUEST										
				EE	0.00	0	215,000	215,000	430,000	
				PD	0.00	31,485,822	353,779,361	128,487,369	513,752,552	
				Total	0.00	31,485,822	353,994,361	128,702,369	514,182,552	
GOVERNOR'S RECOMMENDED CORE										
				EE	0.00	0	215,000	215,000	430,000	
				PD	0.00	31,485,822	353,779,361	128,487,369	513,752,552	
				Total	0.00	31,485,822	353,994,361	128,702,369	514,182,552	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HOSPITAL CARE									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	256,727	0.00	0	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	1,158,754	0.00	215,000	0.00	215,000	0.00	0	0.00	
FEDERAL REIMBURSMENT ALLOWANCE	399,225	0.00	215,000	0.00	215,000	0.00	0	0.00	
TOTAL - EE	1,814,706	0.00	430,000	0.00	430,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	69,786,086	0.00	31,409,136	0.00	31,485,822	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	447,453,872	0.00	354,037,447	0.00	353,779,361	0.00	0	0.00	
FEDERAL REIMBURSMENT ALLOWANCE	144,904,878	0.00	88,106,216	0.00	88,106,216	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	15,709	0.00	15,709	0.00	15,709	0.00	0	0.00	
HEALTHY FAMILIES TRUST	40,365,444	0.00	40,365,444	0.00	40,365,444	0.00	0	0.00	
TOTAL - PD	702,525,989	0.00	513,933,952	0.00	513,752,552	0.00	0	0.00	
TOTAL	704,340,695	0.00	514,363,952	0.00	514,182,552	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	26,071,355	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	92,085,003	0.00	0	0.00	
FEDERAL REIMBURSMENT ALLOWANCE	0	0.00	0	0.00	57,216,413	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	175,372,771	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	175,372,771	0.00	0	0.00	
Asset Limit CTC - 1886039									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	124,982	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,555,526	0.00	0	0.00	
FEDERAL REIMBURSMENT ALLOWANCE	0	0.00	0	0.00	705,159	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,385,667	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,385,667	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HOSPITAL CARE									
Asset Limit Phase-In - 1886040									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	120,738	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,641,121	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	755,082	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,516,941	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,516,941	0.00	0	0.00	
GRAND TOTAL	\$704,340,695	0.00	\$514,363,952	0.00	\$694,457,931	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.510	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 20%;"> Total \$694,457,931 </td> <td style="text-align: center; width: 10%;"> % Flex 0.25% </td> <td style="text-align: center; width: 10%;"> Flex Amount \$1,736,145 </td> <td style="width: 60%; vertical-align: top;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510. </td> </tr> </table>		Total \$694,457,931	% Flex 0.25%	Flex Amount \$1,736,145	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.
Total \$694,457,931	% Flex 0.25%	Flex Amount \$1,736,145	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
N/A	HB11 language allows up to .25% flexibility between 11.400, 11.420, 11.435, 11.455, 11.470, 11.480, 11.505, and 11.510.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
.25% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex is new for FY19.	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.510	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$694,457,931 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$69,445,793 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$694,457,931	% Flex 10%	Flex Amount \$69,445,793	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$694,457,931	% Flex 10%	Flex Amount \$69,445,793	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$29,366,271	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
CORE								
PROFESSIONAL SERVICES	1,814,706	0.00	430,000	0.00	430,000	0.00	0	0.00
TOTAL - EE	1,814,706	0.00	430,000	0.00	430,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	702,525,989	0.00	513,933,952	0.00	513,752,552	0.00	0	0.00
TOTAL - PD	702,525,989	0.00	513,933,952	0.00	513,752,552	0.00	0	0.00
GRAND TOTAL	\$704,340,695	0.00	\$514,363,952	0.00	\$514,182,552	0.00	\$0	0.00
GENERAL REVENUE	\$70,042,813	0.00	\$31,409,136	0.00	\$31,485,822	0.00		0.00
FEDERAL FUNDS	\$448,612,626	0.00	\$354,252,447	0.00	\$353,994,361	0.00		0.00
OTHER FUNDS	\$185,685,256	0.00	\$128,702,369	0.00	\$128,702,369	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.510

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

1a. What strategic priority does this program address?

Provide accessible, quality hospital care and ensure appropriate utilization

1b. What does this program do?

The MO HealthNet Division (MHD) reimburses for inpatient and outpatient hospital services for fee-for-service participants. These services are mandatory Medicaid-covered services and are provided statewide. Inpatient hospital services are medical services provided in a hospital acute or psychiatric care setting for the care and treatment of MO HealthNet participants. Outpatient hospital services include preventive, diagnostic, emergency, therapeutic, rehabilitative, or palliative services provided in an outpatient setting.

A full list of Missouri's 146 hospitals can be found on the Department of Health and Senior Services website at:
<https://health.mo.gov/safety/healthservregs/directories.php>

Reimbursement Methodology

Inpatient Services

Reimbursement for inpatient hospital stays, also known as a "per diem rate," is determined by a prospective reimbursement plan. The Missouri state plan provides for an inpatient hospital reimbursement rate based on the 1995 cost report to reimburse for a specified admission diagnosis. Total reimbursement is calculated based upon an individual participant's inpatient length of stay. To determine an inpatient length of stay, MO HealthNet calculates the lesser of:

- The number of days certified as medically necessary by MHD's authorized utilization review agent;
- The number of days billed by the provider for the participant's length of stay; or
- The number of days allowed for any diagnosis not subject to review and certification by the utilization review agent. Such diagnoses can be found on MHD's website at: <http://dss.mo.gov/mhd/providers/pdf/exempt-diagnosis-table.pdf>.

A hospital is eligible for an inpatient rate reconsideration special per diem rate increase if it meets prescribed requirements concerning new or expanded inpatient health services.

Outpatient Services

Outpatient services, excluding certain diagnostic laboratory procedures, radiology procedures, surgical procedures and drug are paid on a prospective outpatient reimbursement methodology.

- The prospective outpatient payment percentage is calculated using the MO HealthNet overall outpatient cost-to-charge ratio from the fourth, fifth, and sixth prior year cost reports regressed to the current state fiscal year.
- The prospective outpatient payment percentage cannot exceed 100% and cannot be less than 20%.
- New MO HealthNet providers that do not have fourth, fifth, and sixth prior year cost reports are set at 75% for the first three fiscal years in which the hospital operates and will have a cost settlement calculated for three years.
- The weighted average prospective outpatient rate for out-of-state hospitals is 27% for FY 2019.

Hospitals may also receive reimbursement using funding from the Federal Reimbursement Allowance (FRA) program. The FRA program is a funding source for, but not limited to, inpatient and outpatient services. For a more detailed description of the FRA program, see the FRA program description.

PROGRAM DESCRIPTION

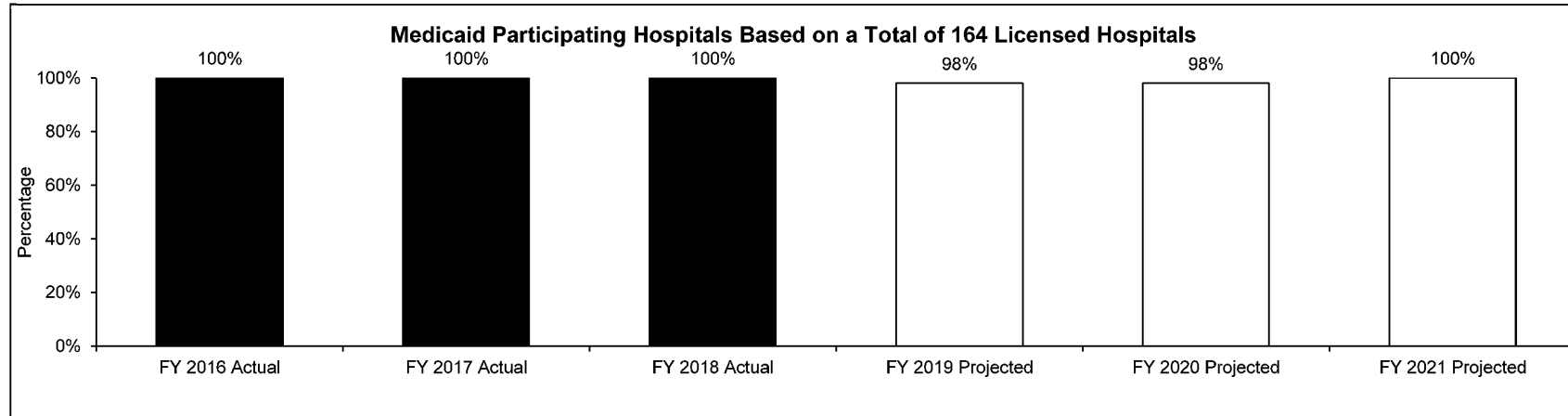
Department: Social Services

HB Section(s): 11.510

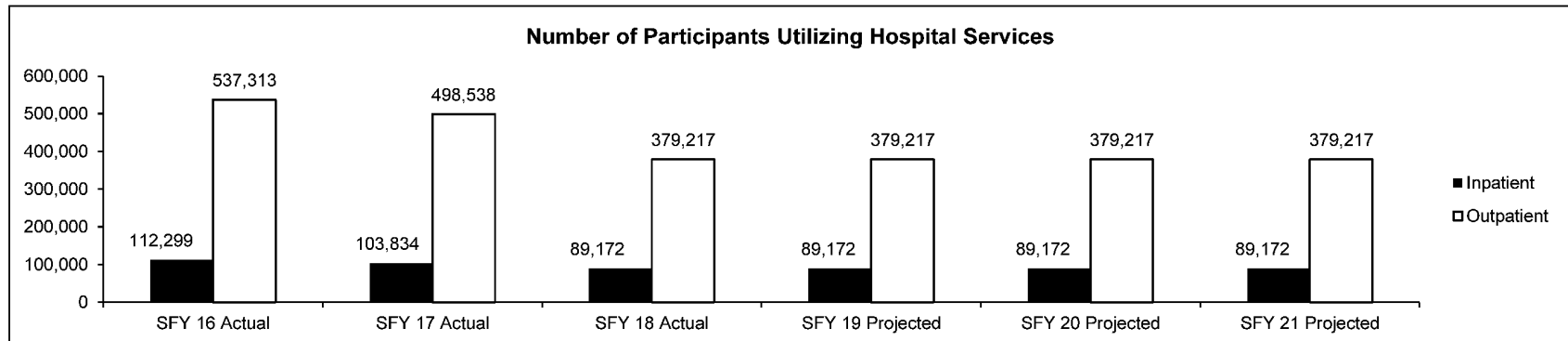
Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2a. Provide an activity measure(s) for the program.



Note: The number of licensed hospitals includes separate licensing for hospitals with multiple sites. The 2% Non-Medicaid hospitals are hospitals who are licensed but not yet certified so they are not enrolled in Medicaid yet.



PROGRAM DESCRIPTION

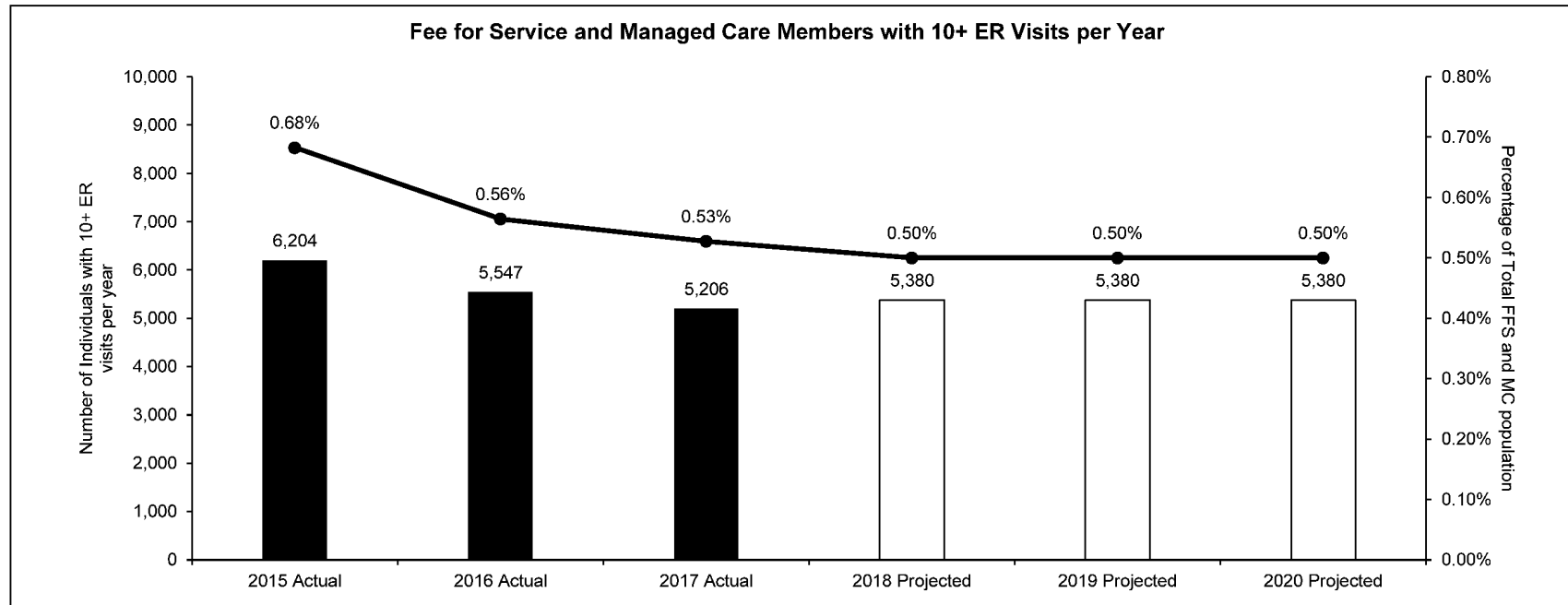
Department: Social Services

HB Section(s): 11.510

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

Department: Social Services

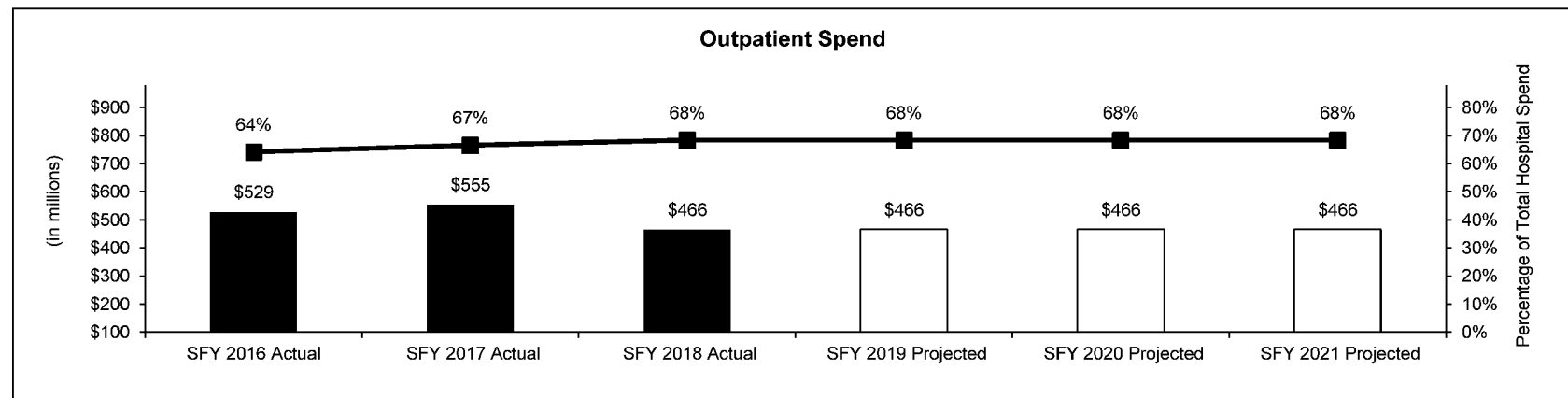
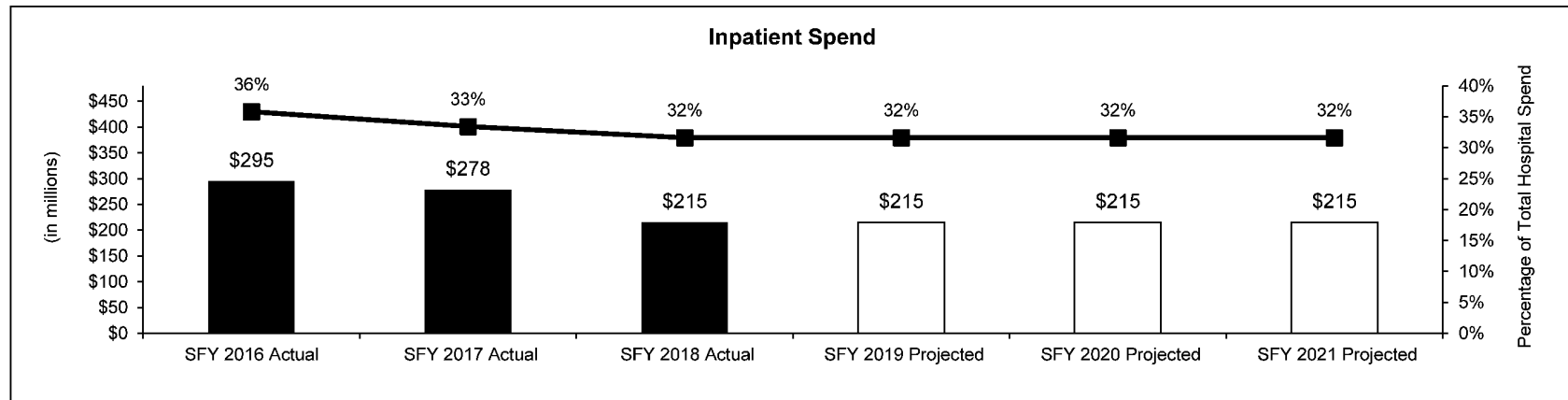
HB Section(s): 11.510

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2c. Provide a measure(s) of the program's impact.

In SFY 2018, the hospital program comprises 12.56% of the total Medicaid program dollars. Approximately 32% of hospital expenditures were for inpatient services and 68% were for outpatient services.



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.510

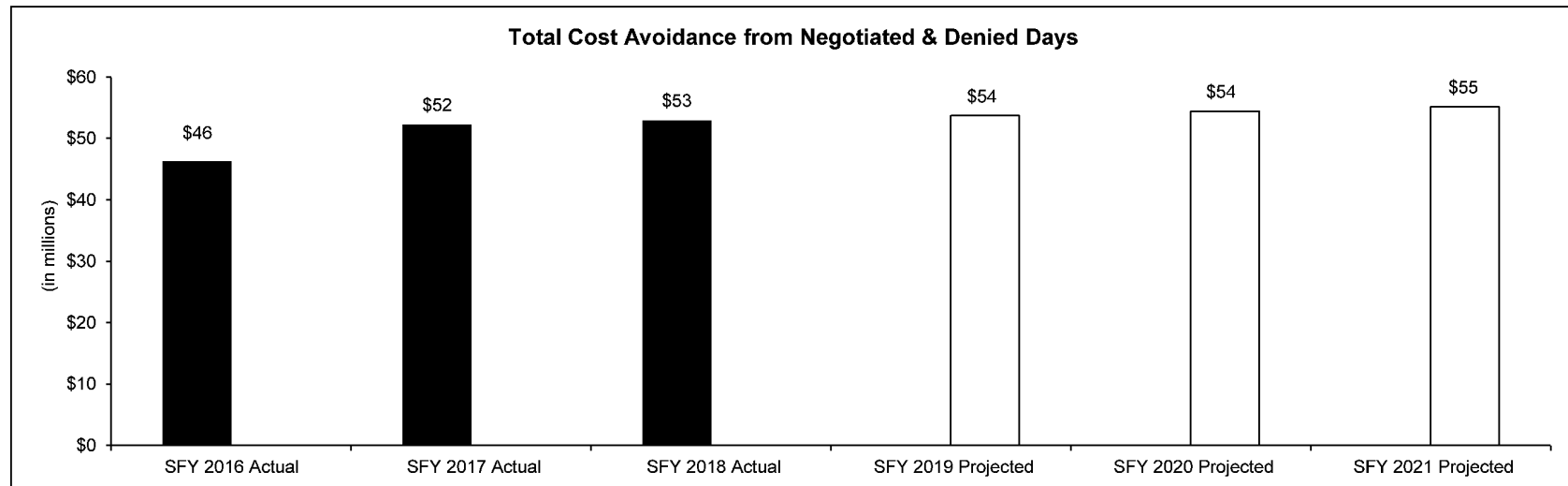
Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

MHD is currently reviewing hospital reimbursement methodologies therefore we are showing static projections.

Target: Improve outpatient reimbursement payment policies and priorities by aligning outpatient reimbursement methodology with other payers by adopting a simplified fee schedule. Eighteen state Medicaid programs currently pay based on a simplified fee schedule. Twenty one state Medicaid programs have adopted or plan to adopt the Medicare Ambulatory Payment Classification (APC) or Enhanced Ambulatory Patient Grouping System (EAPG) outpatient reimbursement methodologies. Only twelve states rely primarily on cost reimbursement (interim rate or percent of charges).

2d. Provide a measure(s) of the program's efficiency.



Note: The number of inpatient days are negotiated or denied based on clinical review.

Target: Increase cost avoidance by continuing to avoid unnecessary inpatient admissions or lengths of stay.

PROGRAM DESCRIPTION

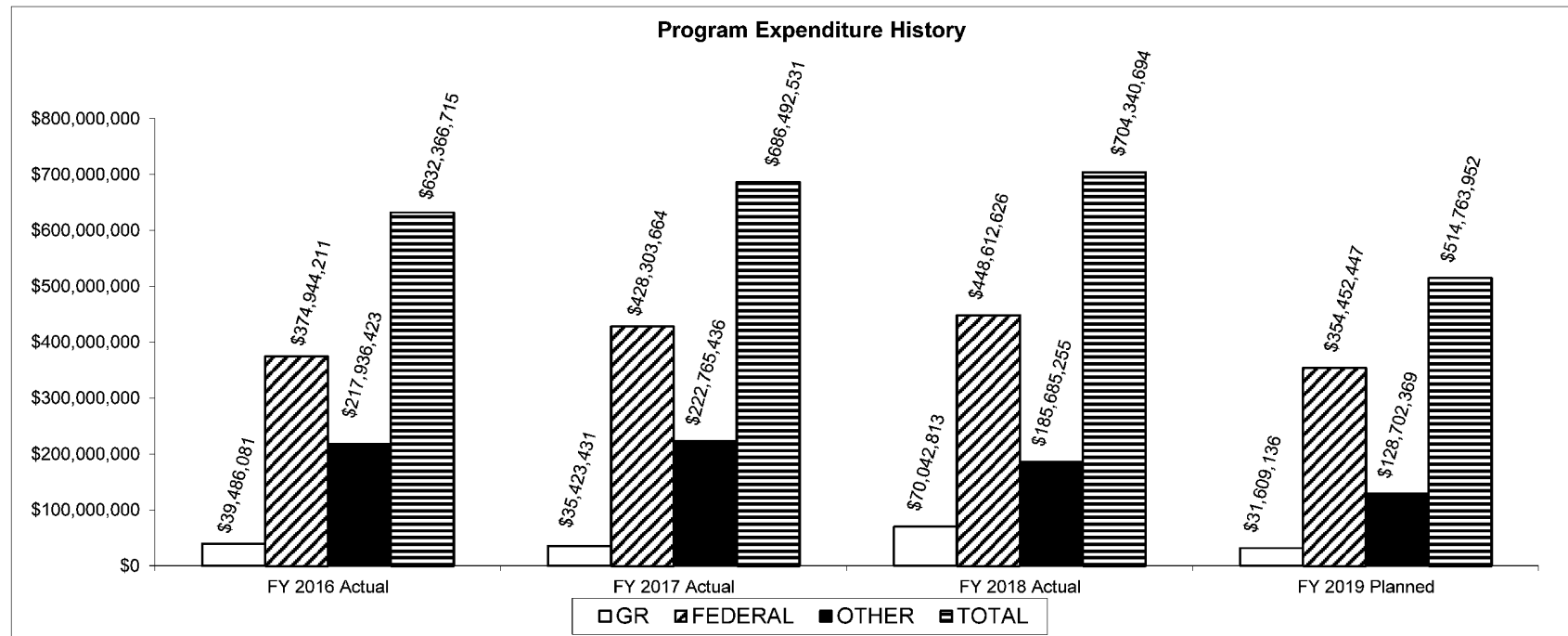
Department: Social Services

HB Section(s): 11.510

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142), Healthy Families Trust Fund (0625), and Pharmacy Reimbursement Allowance Fund (0144)

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.510

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo;

Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);

Federal regulations: 42 CFR 440.10 and 440.20

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

Physicians Payments For Safety Net

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C
HB Section: 11.515

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD		15,722,792		15,722,792	
TRF					
Total	0	15,722,792	0	15,722,792	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD				0	
TRF					
Total	0	0	0	0	
FTE				0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

Safety net hospitals are critical providers of care to the Medicaid and uninsured populations and must be able to attract and maintain a sufficient supply of qualified physicians in order to provide quality services. This item funds enhanced physician payments to Truman Medical Center and University of Missouri-Kansas City.

3. PROGRAM LISTING (list programs included in this core funding)

Physician Payments for Safety Net

CORE DECISION ITEM

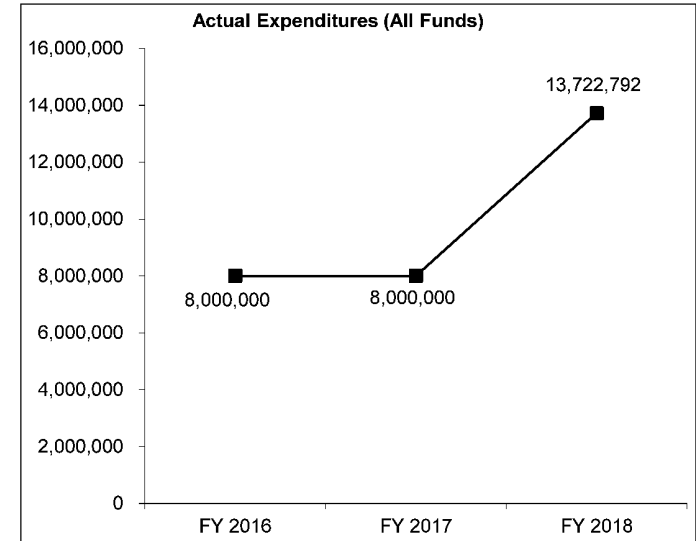
Department: Social Services
Division: MO HealthNet
Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C

HB Section: 11.515

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	8,000,000	8,000,000	13,722,792	15,722,792
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	8,000,000	8,000,000	13,722,792	15,722,792
Actual Expenditures (All Funds)	8,000,000	8,000,000	13,722,792	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN PAYMENTS SAFETY NET**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	15,722,792	0	15,722,792	
	Total	0.00	0	15,722,792	0	15,722,792	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	15,722,792	0	15,722,792	
	Total	0.00	0	15,722,792	0	15,722,792	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	15,722,792	0	15,722,792	
	Total	0.00	0	15,722,792	0	15,722,792	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHYSICIAN PAYMENTS SAFETY NET									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	13,722,792	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00	
TOTAL - PD	13,722,792	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00	
TOTAL	13,722,792	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00	
GRAND TOTAL	\$13,722,792	0.00	\$15,722,792	0.00	\$15,722,792	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM DISTRIBUTIONS	13,722,792	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00
TOTAL - PD	13,722,792	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00
GRAND TOTAL	\$13,722,792	0.00	\$15,722,792	0.00	\$15,722,792	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$13,722,792	0.00	\$15,722,792	0.00	\$15,722,792	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.515

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

1a. What strategic priority does this program address?

Attract and maintain quality physicians

1b. What does this program do?

Program Description

Provides enhanced physician reimbursement payments for services provided to MO HealthNet participants by certain hospitals designated as safety net hospitals. Services provided by physicians, dentists, and podiatrists not employed by the state who are actively engaged in the training of physicians when the training takes place in a safety net hospital are also eligible for enhanced physician payments. There are two entities which currently qualify as safety net hospitals--1) Truman Medical Center and 2) University of Missouri Kansas City. Safety net hospitals traditionally see a high volume of Medicaid and uninsured patients, therefore this program was established to provide a mechanism to fund enhanced payments to these hospitals.

Reimbursement Methodology

Enhanced physician payments are made in addition to the amount established under the MO HealthNet fee schedule. The additional payment is equal to the lower of the difference between the MO HealthNet allowable reimbursement for the service and 1) the Medicare allowable reimbursement or 2) the provider's actual charge for the service.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(6)(B):

- Offer non-emergency obstetric services; and
- Have a Medicaid inpatient utilization rate above the state's mean or a low-income utilization rate greater than 25%; and
- Operate less than 50 licensed inpatient beds and have an unsponsored care ratio of at least 65%; or
- Operate at least 50 licensed inpatient beds, have an unsponsored care ratio of at least 65%, and an occupancy rate greater than 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by Department of Mental Health

This program is exempt from performance measures as it is payments to safety net hospitals.

PROGRAM DESCRIPTION

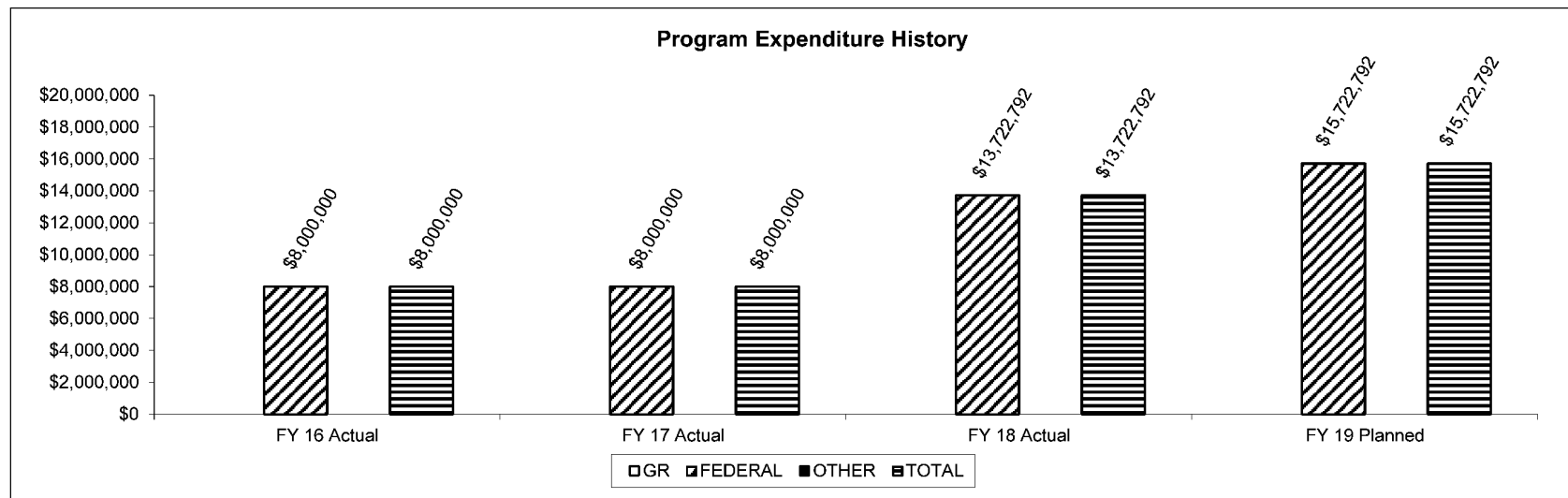
Department: Social Services

HB Section(s): 11.515

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);

Federal regulations: 42 CFR 440.10 and 440.20

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

FQHC Distribution

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Federally Qualified Health Centers (FQHC) Distribution

Budget Unit: 90559C, 90513C
 HB Section: 11.520

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD	3,768,868	1,568,625		5,337,493	
TRF					
Total	3,768,868	1,568,625	0	5,337,493	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: N/A

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD				0	
TRF					
Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

2. CORE DESCRIPTION

This item funds Federally Qualified Health Center (FQHCs) services provided to fee-for-service MO HealthNet participants and Health Home payments.

3. PROGRAM LISTING (list programs included in this core funding)

Federally Qualified Health Centers (FQHC)

CORE DECISION ITEM

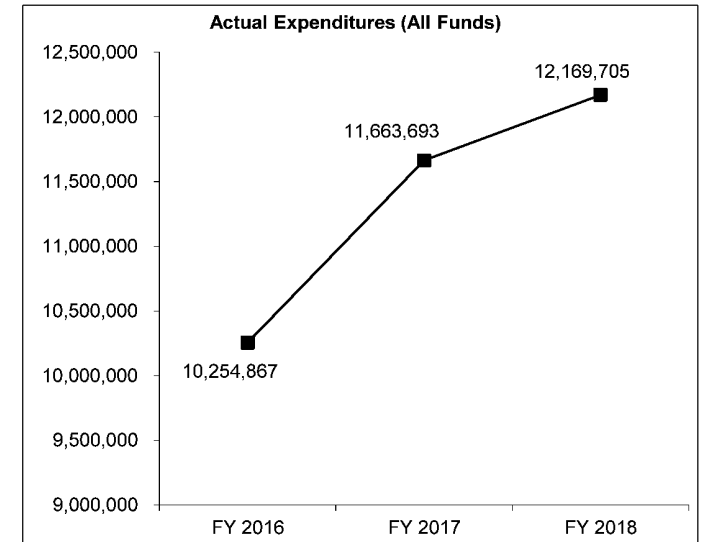
Department: Social Services
Division: MO HealthNet
Core: Federally Qualified Health Centers (FQHC) Distribution

Budget Unit: 90559C, 90513C

HB Section: 11.520

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	13,842,985	15,000,826	12,368,722	13,133,362
Less Reverted (All Funds)	(184,410)	(145,278)	(126,331)	
Less Restricted (All Funds)	(25,611)	0	0	
Budget Authority (All Funds)	13,632,964	14,855,548	12,242,391	13,133,362
Actual Expenditures (All Funds)	10,254,867	11,663,693	12,169,705	N/A
Unexpended (All Funds)	3,378,097	3,191,855	72,686	N/A
Unexpended, by Fund:				
General Revenue	41,023	0	42,686	N/A
Federal	3,299,810	3,191,855	30,000	N/A
Other	37,264	0	0	N/A
	(1)	(2)		



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

(1) FY16 - Lapse due to excess federal authority.

(2) FY17 - Lapse due to excess federal authority.

CORE RECONCILIATION DETAIL

STATE

FQHC DISTRIBUTION

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	6,385,934	6,747,428	0	13,133,362	
			Total	0.00	6,385,934	6,747,428	0	13,133,362	
DEPARTMENT CORE ADJUSTMENTS									
Core Reallocation	1087 7933	PD	0.00	0	(5,747,428)		0	(5,747,428)	Reallocation of FQHC to Health Homes
Core Reallocation	1087 4868	PD	0.00	(3,146,862)		0	0	(3,146,862)	Reallocation of FQHC to Health Homes
NET DEPARTMENT CHANGES				0.00	(3,146,862)	(5,747,428)	0	(8,894,290)	
DEPARTMENT CORE REQUEST									
		PD	0.00		3,239,072	1,000,000	0	4,239,072	
		Total	0.00		3,239,072	1,000,000	0	4,239,072	
GOVERNOR'S RECOMMENDED CORE									
		PD	0.00		3,239,072	1,000,000	0	4,239,072	
		Total	0.00		3,239,072	1,000,000	0	4,239,072	

CORE RECONCILIATION DETAIL

STATE

WOMEN & MINORITY OUTREACH

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
DEPARTMENT CORE REQUEST							
	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
FQHC DISTRIBUTION									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	5,996,333	0.00	6,385,934	0.00	3,239,072	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	6,173,372	0.00	6,747,428	0.00	1,000,000	0.00	0	0.00	
TOTAL - PD	12,169,705	0.00	13,133,362	0.00	4,239,072	0.00	0	0.00	
TOTAL	12,169,705	0.00	13,133,362	0.00	4,239,072	0.00	0	0.00	
GRAND TOTAL	\$12,169,705	0.00	\$13,133,362	0.00	\$4,239,072	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
WOMEN & MINORITY OUTREACH									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	513,902	0.00	529,796	0.00	529,796	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	513,902	0.00	568,625	0.00	568,625	0.00	0	0.00	
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00	
TOTAL	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00	
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FQHC DISTRIBUTION								
CORE								
PROGRAM DISTRIBUTIONS	12,169,705	0.00	13,133,362	0.00	4,239,072	0.00	0	0.00
TOTAL - PD	12,169,705	0.00	13,133,362	0.00	4,239,072	0.00	0	0.00
GRAND TOTAL	\$12,169,705	0.00	\$13,133,362	0.00	\$4,239,072	0.00	\$0	0.00
GENERAL REVENUE	\$5,996,333	0.00	\$6,385,934	0.00	\$3,239,072	0.00		0.00
FEDERAL FUNDS	\$6,173,372	0.00	\$6,747,428	0.00	\$1,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
WOMEN & MINORITY OUTREACH								
CORE								
PROFESSIONAL SERVICES	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$0	0.00
GENERAL REVENUE	\$513,902	0.00	\$529,796	0.00	\$529,796	0.00		0.00
FEDERAL FUNDS	\$513,902	0.00	\$568,625	0.00	\$568,625	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

1a. What strategic priority does this program address?

Serve a medically underserved area or population

1b. What does this program do?

This core request provides state grants to assist Federally Qualified Health Centers (FQHCs) with infrastructure, equipment and personnel development so the uninsured and under-insured population will have increased access to health care, especially in medically under-served areas. This program also establishes and implements outreach programs in medically underserved areas by increasing participation of minorities and women in MO HealthNet programs.

DSS contracts with the Missouri Primary Care Association (MPCA) to act as a fiscal intermediary for the distribution of the FQHC grants, Community Health Worker Initiative, and the Women and Minority health Outreach funding; assuring accurate and timely payments to the FQHCs, and to act as a central data collection point for evaluating program impact and outcomes. MPCA is recognized as Missouri's single primary care association by the Federal Health Resource Service Administration (HRSA).

- **Grant Expansion/Oral Health Contract**

Distributes funds to do such things as: implement, expand or maintain access to services; develop new access points; recruit and retain qualified professionals; and expand hours of operation.

- **Community Health Worker Contract**

Distributes funds to address social determinants of health, improve patient engagement in preventative, chronic disease management services, connect patients with community-based services, reduce avoidable emergency room visits, and reduce hospital admissions.

- **Women and Minority Contract**

Distributes funds to establish and implement healthcare outreach programs for women and minorities in the City of St. Louis, the southeast "boothel" region of the state and Kansas City

PROGRAM DESCRIPTION

Department: Social Services

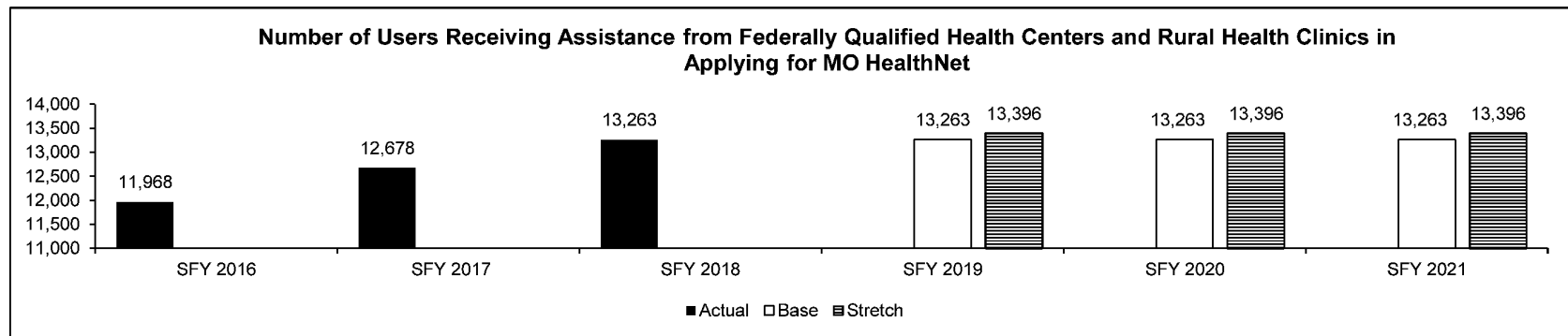
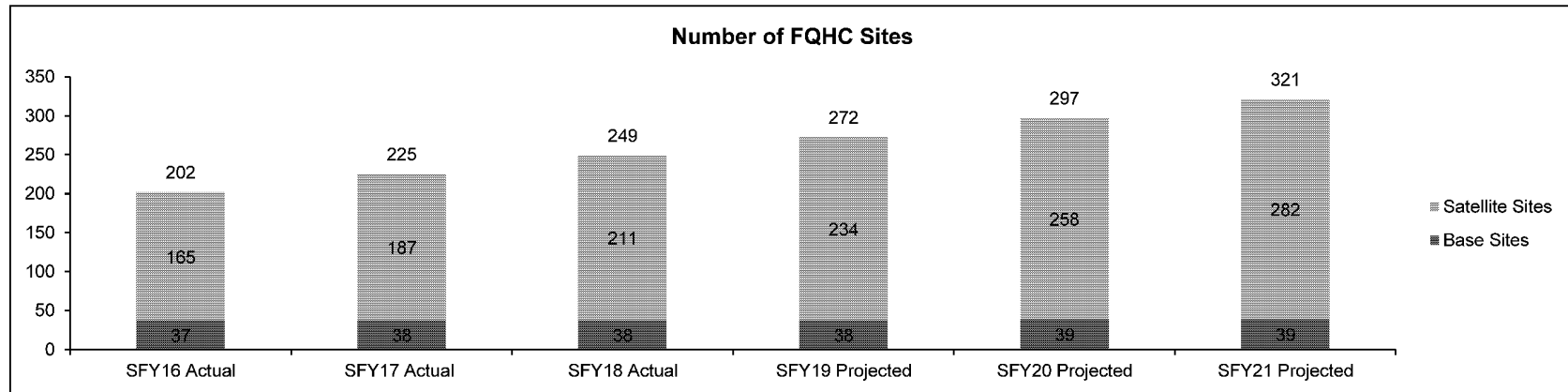
HB Section(s): 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

2a. Provide an activity measure(s) for the program.

Each FQHC (base site) has several satellite sites. During SFY18, there were 38 base sites and 211 satellite sites, for a total of 249 sites providing services to MO HealthNet participants.



PROGRAM DESCRIPTION

Department: Social Services

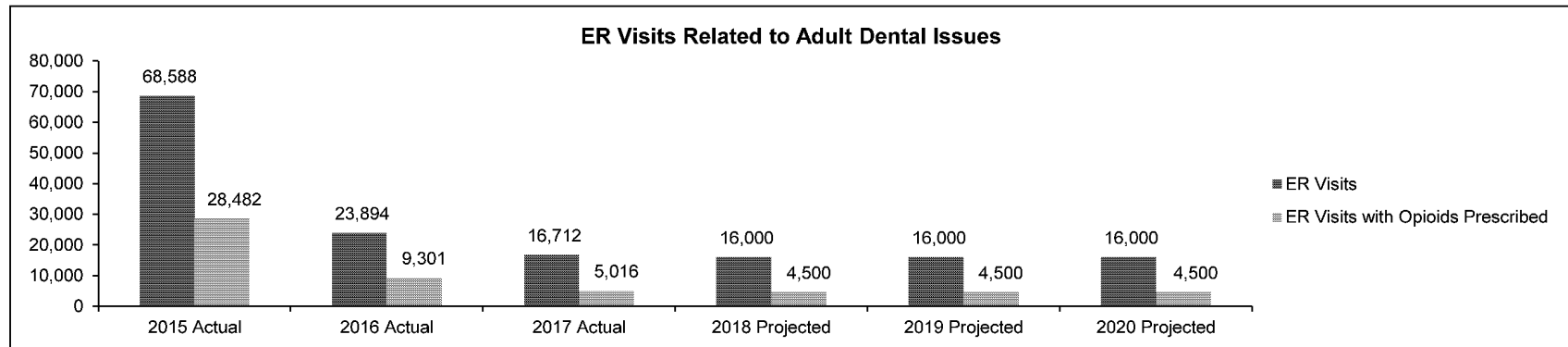
HB Section(s): 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

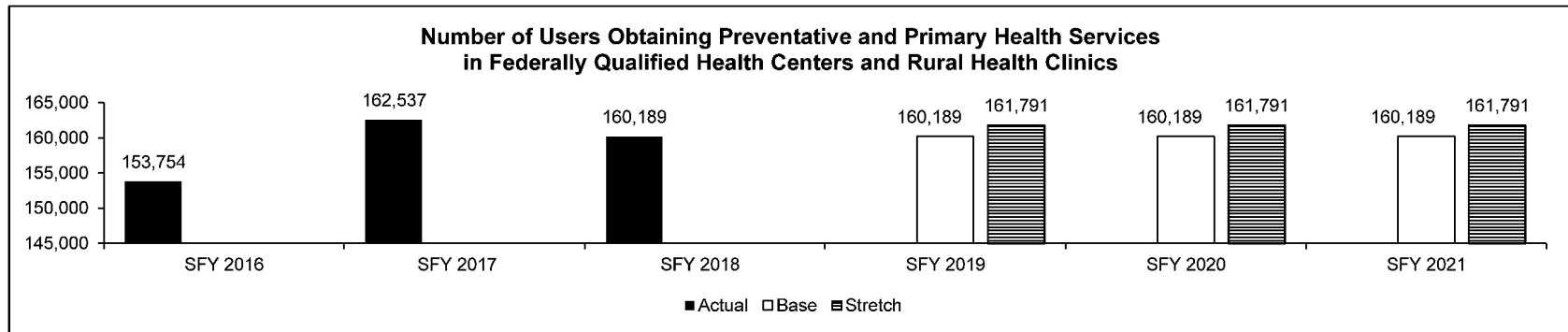
2b. Provide a measure(s) of the program's quality.

The number of ER visits relating to dental issues and ER visits relating to dental issues during which opioids were prescribed have decreased significantly since the MO HealthNet Adult Dental program went into effect on 01/01/16. The Grant Expansion/Oral Health Grant provides funding for the Dental program for FQHCs.



Notes:

1. These are for all Medicaid participants, not just FQHC participants.
2. These claims capture only fee-for-service visits.
3. Managed Care went statewide on 05/01/17 which may account for some of the decline in FFS visits during SFY 2017.



PROGRAM DESCRIPTION

Department: Social Services

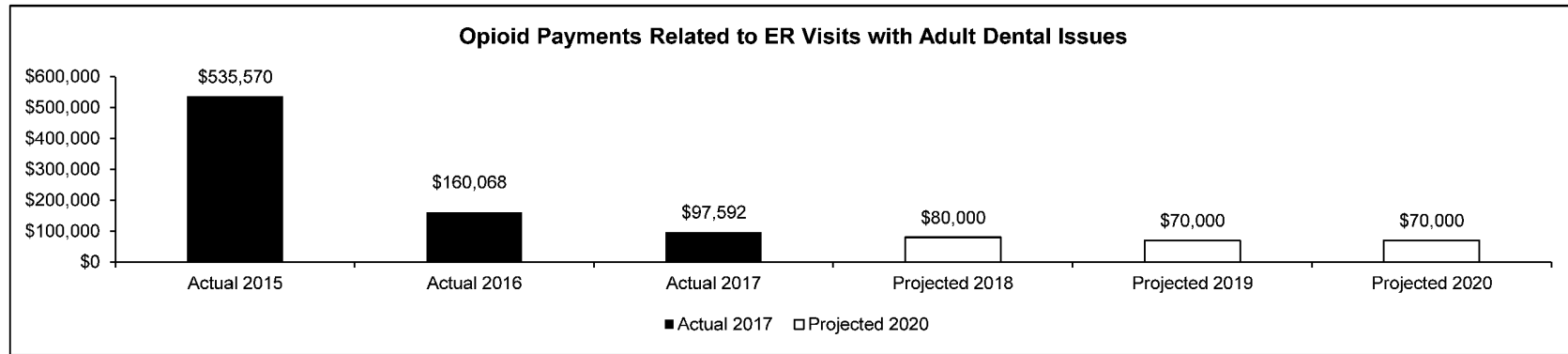
HB Section(s): 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

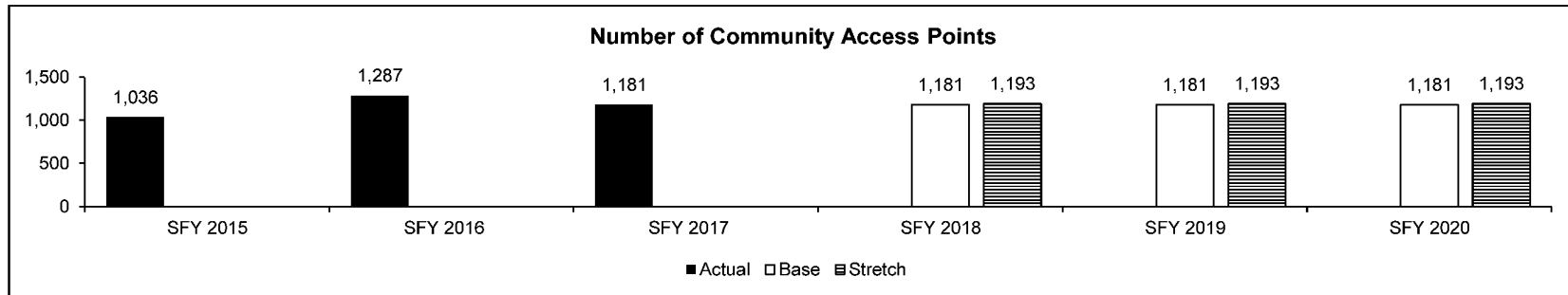
2c. Provide a measure(s) of the program's impact.

The amount of Opioid payments have decreased significantly since the MO HealthNet Adult Dental program went into effect on 01/01/16. The Grant Expansion/Oral Health Grant provides funding for the Dental program for FQHCs.



Notes:

1. These are for all Medicaid participants, not just FQHC participants.
2. These claims capture only fee-for-service visits.
3. Managed Care went statewide on 05/01/17 which may account for some of the decline in FFS visits during SFY 2017.



Community Access Points provide individuals with assistance in navigating the MO HealthNet application and enrollment process.

Community Access Points may be located in places like: schools; day care centers; head starts; housing agencies; health departments; community events; career fairs; health fairs; senior centers; public housing; shelters; churches; hospitals; libraries; Family Support Division offices; food pantries; and WIC offices.

PROGRAM DESCRIPTION

Department: Social Services

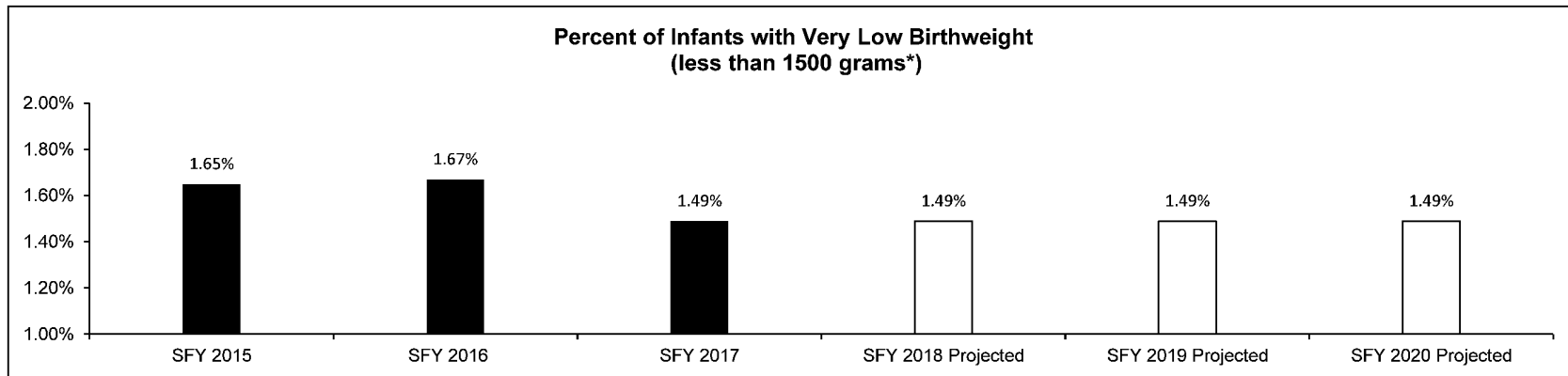
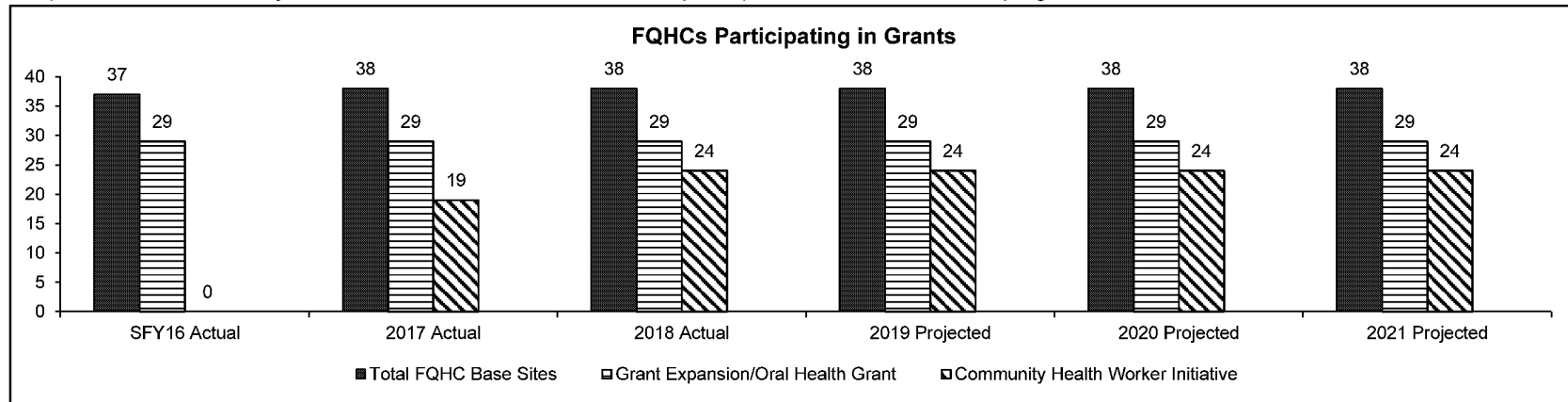
HB Section(s): 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

2d. Provide a measure(s) of the program's efficiency.

A significant number of FQHCs participate in the various programs. During SFY 2018, over 76% participated in the Grant Expansion/Oral Health Grant, over 63% participated in the Community Health Worker Initiative, and over 63% participated in the Health Home program.



*1500 grams = approximately 3.3 pounds.

PROGRAM DESCRIPTION

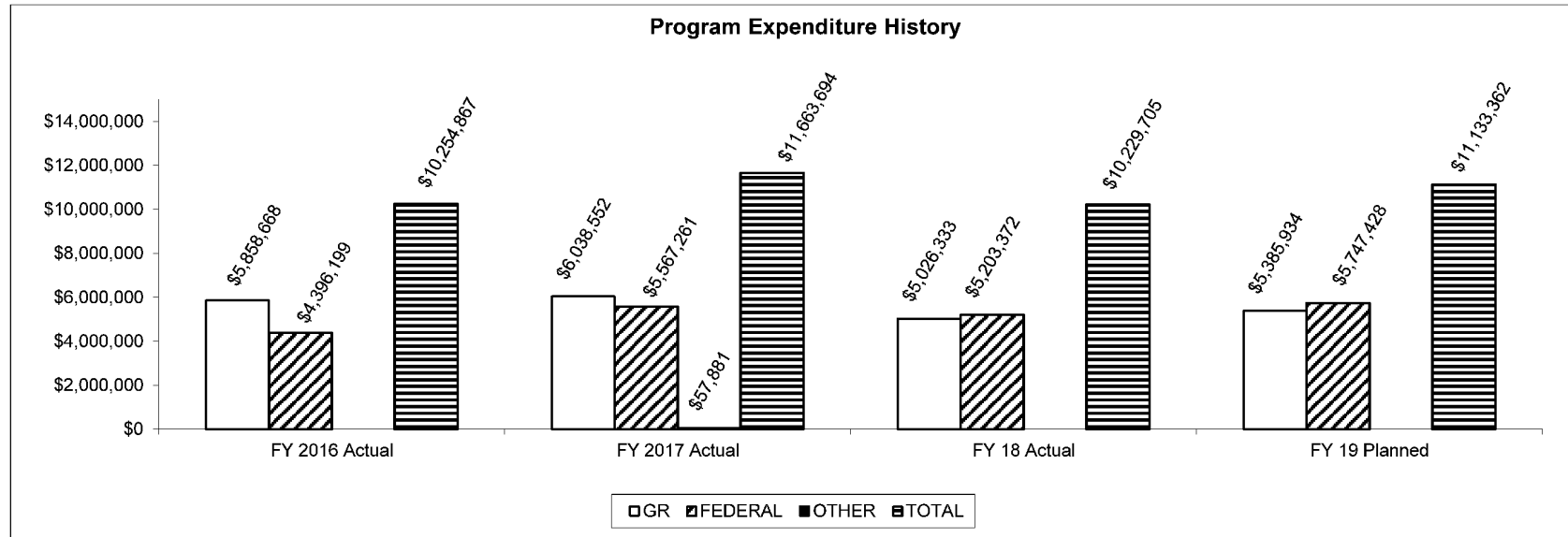
Department: Social Services

HB Section(s): 11.520

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC) Distribution

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.201, RSMo.; Federal law: Social Security Act Section 1903(a); Federal Regulations: 42 CFR, Part 433.15

6. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures earn a 50% federal match.

7. Is this a federally mandated program? If yes, please explain.

No

Health Homes

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Health Homes

Budget Unit: 90574C

HB Section: 11.525

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD	4,899,935	13,237,830	2,241,778	20,379,543	
TRF					
Total	4,899,935	13,237,830	2,241,778	20,379,543	
FTE	0.00	0.00	0.00	0.00	
<i>Est. Fringe</i>	0	0	0	0	
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					

Other Funds: Federal Reimbursement Allowance (0142) - \$2,241,778

FY 2020 Governor's Recommendation					
	GR	Fed	Other	Total	E
PS					
EE					
PSD				0	
TRF					
Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00	
<i>Est. Fringe</i>	0	0	0	0	
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					

Other Funds:

2. CORE DESCRIPTION

MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services and the cost of staff primarily responsible for delivery of these specified health home services that are not covered by other MO HealthNet reimbursement methodologies.

3. PROGRAM LISTING (list programs included in this core funding)

FRA Health Home

CORE DECISION ITEM

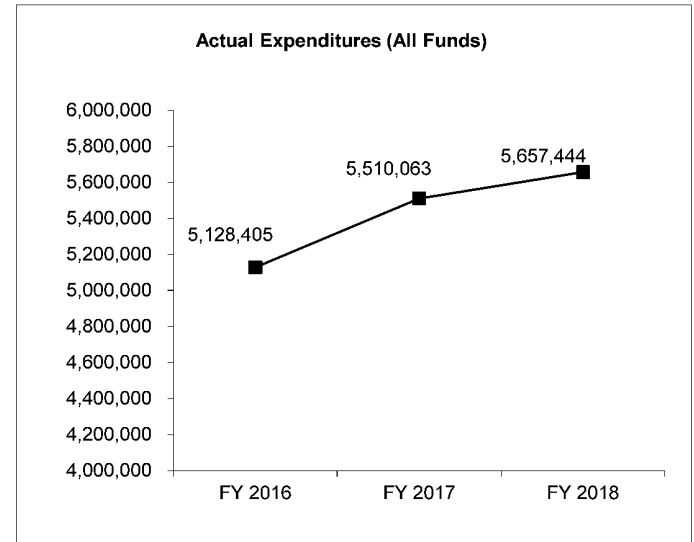
Department: Social Services
Division: MO HealthNet
Core: Health Homes

Budget Unit: 90574C

HB Section: 11.525

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	9,353,934	7,353,934	8,105,166	11,637,802
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	9,353,934	7,353,934	8,105,166	11,637,802
Actual Expenditures (All Funds)	5,128,405	5,510,063	5,657,444	N/A
Unexpended (All Funds)	4,225,529	1,843,871	2,447,722	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	3,625,529	1,243,871	1,504,843	N/A
Other	600,000	600,000	942,879	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

STATE

HEALTH HOMES

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	0	7,554,883	4,082,919	11,637,802	
				Total	0.00	0	7,554,883	4,082,919	11,637,802	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	949	8259	PD	0.00	0	0	(1,841,141)	(1,841,141)		Core reduction due to estimated lapse
Core Reduction	949	8260	PD	0.00	0	(3,349,408)	0	(3,349,408)		Core reduction due to estimated lapse
Core Reallocation	969	5019	PD	0.00	4,899,935	0	0	4,899,935		Core reallocation from various lines for Health Homes
Core Reallocation	969	8260	PD	0.00	0	9,032,355	0	9,032,355		Core reallocation from various lines for Health Homes
NET DEPARTMENT CHANGES					0.00	4,899,935	5,682,947	(1,841,141)	8,741,741	
DEPARTMENT CORE REQUEST										
			PD	0.00	4,899,935	13,237,830	2,241,778	20,379,543		
			Total	0.00	4,899,935	13,237,830	2,241,778	20,379,543		
GOVERNOR'S RECOMMENDED CORE										
			PD	0.00	4,899,935	13,237,830	2,241,778	20,379,543		
			Total	0.00	4,899,935	13,237,830	2,241,778	20,379,543		

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	4,899,935	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	3,703,725	0.00	7,554,883	0.00	13,237,830	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	1,953,719	0.00	4,082,919	0.00	2,241,778	0.00	0	0.00
TOTAL - PD	5,657,444	0.00	11,637,802	0.00	20,379,543	0.00	0	0.00
TOTAL	5,657,444	0.00	11,637,802	0.00	20,379,543	0.00	0	0.00
GRAND TOTAL	\$5,657,444	0.00	\$11,637,802	0.00	\$20,379,543	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
CORE								
PROGRAM DISTRIBUTIONS	5,657,444	0.00	11,637,802	0.00	20,379,543	0.00	0	0.00
TOTAL - PD	5,657,444	0.00	11,637,802	0.00	20,379,543	0.00	0	0.00
GRAND TOTAL	\$5,657,444	0.00	\$11,637,802	0.00	\$20,379,543	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$4,899,935	0.00		0.00
FEDERAL FUNDS	\$3,703,725	0.00	\$7,554,883	0.00	\$13,237,830	0.00		0.00
OTHER FUNDS	\$1,953,719	0.00	\$4,082,919	0.00	\$2,241,778	0.00		0.00

PROGRAM DESCRIPTION

Department Social Services

HB Section(s): 11.525

Program Name Health Homes

Program is found in the following core budget(s): Health Homes

1a. What strategic priority does this program address?

Intensive care coordination/care management

1b. What does this program do?

Section 2703 of the Affordable Care Act (ACA) gives MO HealthNet the option to pay providers to coordinate care through a "health home" for individuals with chronic conditions. MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services and the cost of staff primarily responsible for delivery of these specified health home services that are not covered by other MO HealthNet reimbursement methodologies. This core funds PMPM payments made to health homes.

A Primary Care Health Home may be operated by a Federally Qualified Health Center (FQHC), hospital-based clinic, or other primary care provider. The State share of the Health Home PMPMs for hospital-based clinics are funded by the Federal Reimbursement Allowance (FRA) program.

Reimbursement Methodology

Providers that are enrolled in MO HealthNet's Health Home Program receive a per-member, per month (PMPM) reimbursement for each eligible health home patient enrolled in the program who receives health home services in a given month. Health home PMPM payments started in March 2012 for services performed in January 2012. In accordance with the state plan amendment approved by the Centers for Medicare and Medicaid Services (CMS), MO HealthNet may adjust the PMPM rate annually based on the consumer price index (CPI).

Rate History

Primary Care PMPM Rate	DMH PMPM Rate	Effective with Service Month
\$63.72	\$85.23	1/1/17
\$63.72	\$85.23	1/1/16
\$62.47	\$83.56	1/1/15
\$61.25	\$81.92	1/1/14
\$60.05	\$80.31	3/1/13
\$58.87	\$78.74	1/1/12

PROGRAM DESCRIPTION

Department Social Services
Program Name Health Homes

HB Section(s): 11.525

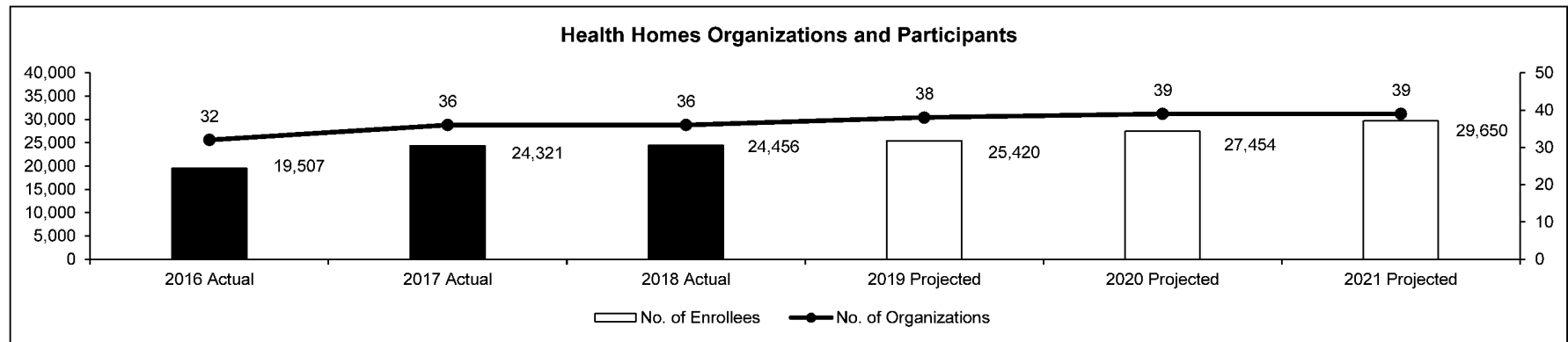
Program is found in the following core budget(s): Health Homes

Additional Details

Calendar year 2019 will see an expansion of provider organizations enrolling as Primary Care Health Home (PCHH) providers, along with additional sites of existing PCHHs being added as Health Home sites. The SFY 2019 budget included a new decision item (NDI) for \$5,352,480 in additional PCHH expenditures to account for expansion. The expansion funding is broken down as follows:

FQHC Health Homes	\$764,640
Hospital Based Health Homes	\$3,532,636
Physician-Related Health Homes	<u>\$1,055,204</u>
TOTAL	\$5,352,480

2a. Provide an activity measure for the program.

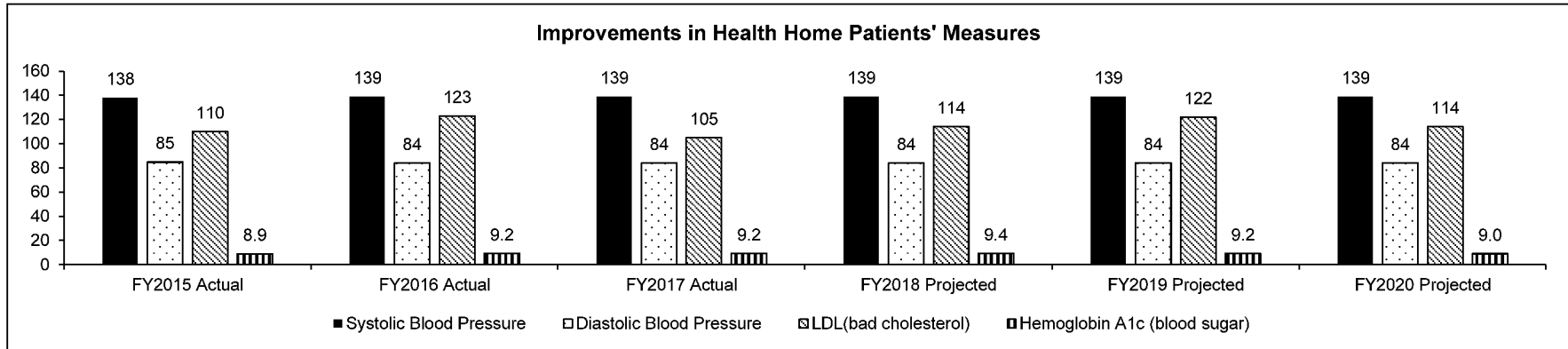


PROGRAM DESCRIPTION

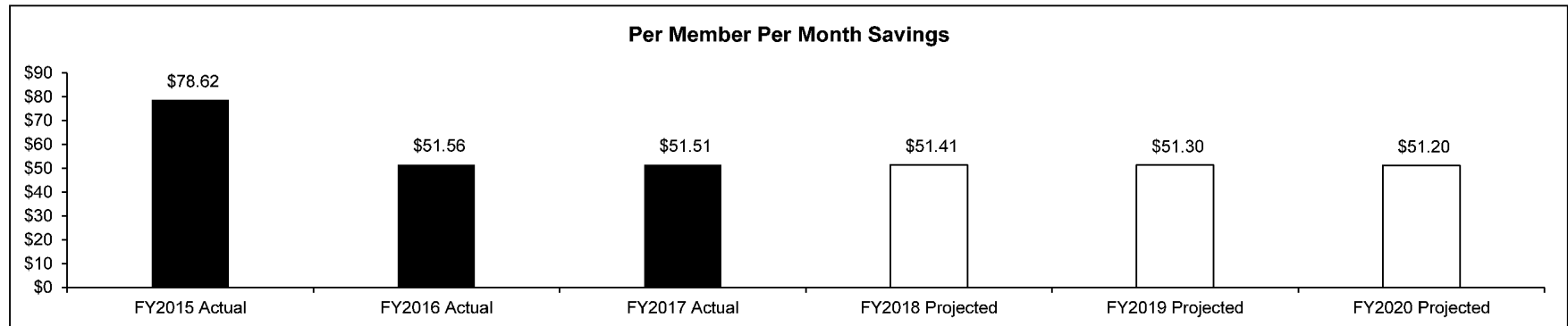
Department Social Services
 Program Name Health Homes
 Program is found in the following core budget(s): Health Homes

HB Section(s): 11.525

2b. Provide a measure of the program's quality.



2c. Provide a measure of the program's impact.



PMPM savings are gathered for Health Home members with 12 months of Medicaid Eligibility prior to Health Home enrollment and at least one Health Home attestation in the following State Fiscal Year.

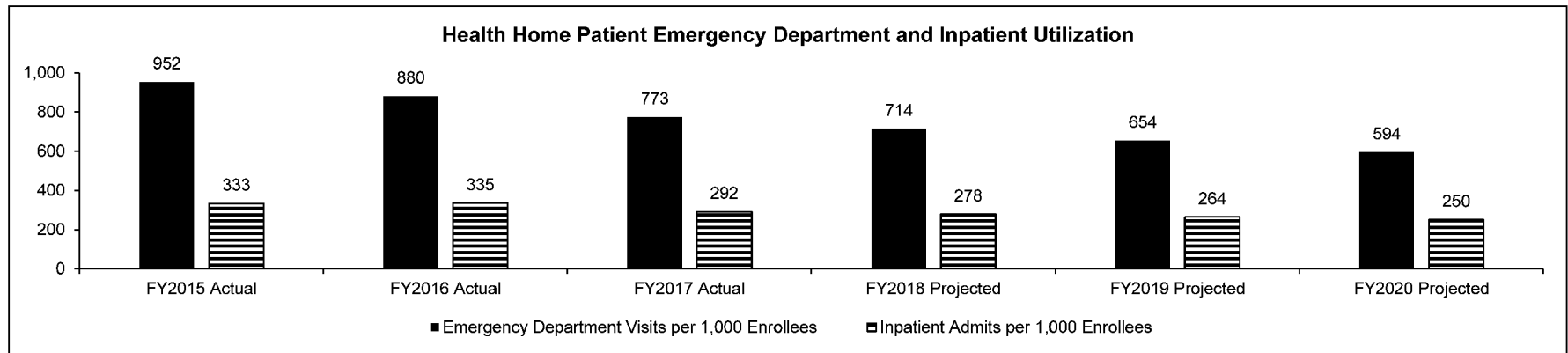
Medicaid expenditures per Health Home member are excluded if they are three (3) standard deviations above the mean expenditure per member. This excludes Medicaid expenditures for members with high-cost diagnoses for which Health Homes cannot be effective (e.g. Hemophilia, Severe Injuries).

PROGRAM DESCRIPTION

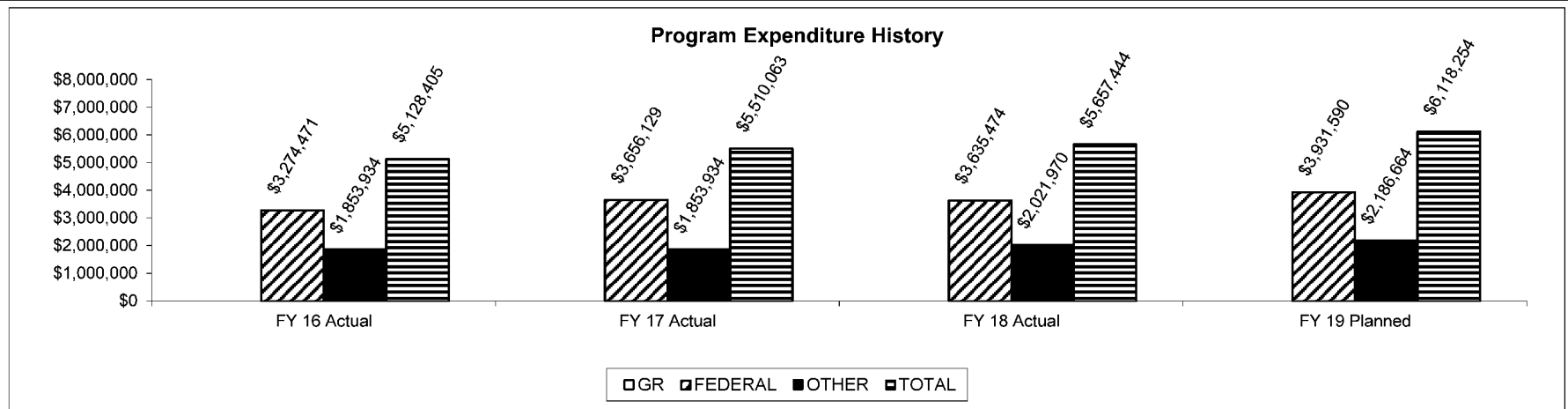
Department Social Services
 Program Name Health Homes
 Program is found in the following core budget(s): Health Homes

HB Section(s): 11.525

2d. Provide a measure of the program's efficiency.



3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department Social Services

HB Section(s): 11.525

Program Name Health Homes

Program is found in the following core budget(s): Health Homes

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ACA Section 2703; Section 1945 of Title XIX of the Social Security Act

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

Federal Reimbursement Allowance (FRA)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Federal Reimbursement Allowance (FRA)

Budget Unit: 90553C
HB Section: 11.530

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD			1,280,593,734	1,280,593,734		PSD				0	
TRF						TRF					
Total	0	0	1,280,593,734	1,280,593,734	E	Total	0	0	0	0	E
FTE	0.00	0.00	0.00	0.00		FTE	0.00	0.00	0.00	0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds:
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$1,280,593,734

Other Funds:

2. CORE DESCRIPTION

The Federal Reimbursement Allowance (FRA) program funds reimbursement of hospital services and hospital portion of the managed care premiums provided to MO HealthNet participants and the uninsured. The FRA program serves as a General Revenue equivalent by supplementing payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act and to the uninsured.

3. PROGRAM LISTING (list programs included in this core funding)

Hospital - Federal Reimbursement Allowance

CORE DECISION ITEM

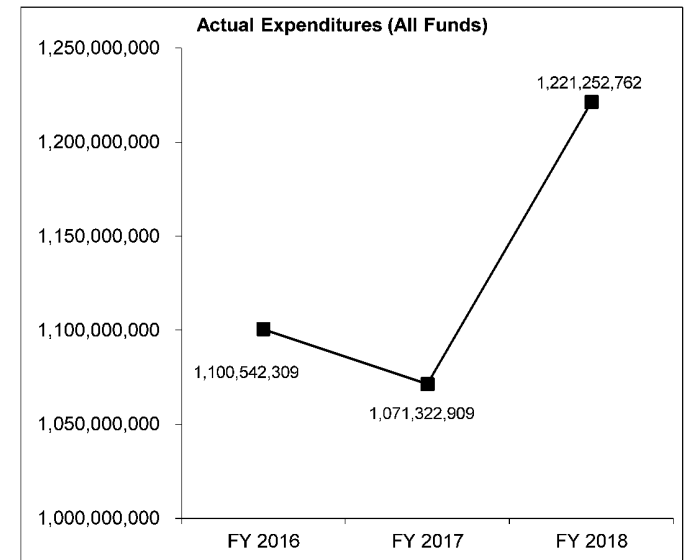
Department: Social Services
Division: MO HealthNet
Core: Federal Reimbursement Allowance (FRA)

Budget Unit: 90553C

HB Section: 11.530

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	1,100,542,309	1,125,818,734	1,370,127,055	1,280,818,734
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	1,100,542,309	1,125,818,734	1,370,127,055	1,280,818,734
Actual Expenditures (All Funds)	1,100,542,309	1,071,322,909	1,221,252,762	N/A
Unexpended (All Funds)	0	54,495,825	148,874,293	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	54,495,825	148,874,293	N/A
	(1)		(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - An "E" increase of \$77,723,574 was made

(2) FY18 - There was a supplemental increase of \$89,308,321 FRA fund

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FED REIMB ALLOWANCE**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	0	0	1,280,818,734	1,280,818,734	
				Total	0.00	0	0	1,280,818,734	1,280,818,734	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	962	1605	PD	0.00	0	0	0	(225,000)	(225,000)	Reallocation of DSH Audit Surveys to Admin
NET DEPARTMENT CHANGES					0.00	0	0	(225,000)	(225,000)	
DEPARTMENT CORE REQUEST				PD	0.00	0	0	1,280,593,734	1,280,593,734	
				Total	0.00	0	0	1,280,593,734	1,280,593,734	
GOVERNOR'S RECOMMENDED CORE				PD	0.00	0	0	1,280,593,734	1,280,593,734	
				Total	0.00	0	0	1,280,593,734	1,280,593,734	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMB ALLOWANCE								
CORE								
EXPENSE & EQUIPMENT								
FEDERAL REIMBURSEMENT ALLOWANCE	255,563	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	255,563	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC								
FEDERAL REIMBURSEMENT ALLOWANCE	1,220,997,199	0.00	1,280,818,734	0.00	1,280,593,734	0.00	0	0.00
TOTAL - PD	1,220,997,199	0.00	1,280,818,734	0.00	1,280,593,734	0.00	0	0.00
TOTAL	1,221,252,762	0.00	1,280,818,734	0.00	1,280,593,734	0.00	0	0.00
GRAND TOTAL	\$1,221,252,762	0.00	\$1,280,818,734	0.00	\$1,280,593,734	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMB ALLOWANCE								
CORE								
PROFESSIONAL SERVICES	255,563	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	255,563	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	1,220,997,199	0.00	1,280,818,734	0.00	1,280,593,734	0.00	0	0.00
TOTAL - PD	1,220,997,199	0.00	1,280,818,734	0.00	1,280,593,734	0.00	0	0.00
GRAND TOTAL	\$1,221,252,762	0.00	\$1,280,818,734	0.00	\$1,280,593,734	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,221,252,762	0.00	\$1,280,818,734	0.00	\$1,280,593,734	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.530

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

1a. What strategic priority does this program address?

Quality Hospital Care/Appropriate Reimbursement

1b. What does this program do?

The Federal Reimbursement Allowance (FRA) program assesses hospitals in the state of Missouri a fee for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the hospital and the federal earnings fund the FRA program. The funds collected by the state are used to supplement inpatient and outpatient hospital services as well as a General Revenue equivalent for other MO HealthNet services such as Managed Care and the Children's Health Insurance Program (CHIP).

Reimbursement Methodology

The FRA assessment is a percent of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The assessment rate effective July 1, 2018 is 5.60% which is a change from the SFY 2018 assessment rate of 5.70%. The net inpatient and net outpatient revenue are determined from the hospital's cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of General Revenue funds.

The FRA funds are distributed to the hospitals through a combination of payments to compensate certain costs as outlined below.

- *Higher Inpatient Per Diems* - Approximately 65% of inpatient costs are made through FRA funding. Higher per diems were granted in October 1992 when the FRA program started. In April 1998, hospitals were rebased to the 1995 cost reports.
- *Increased Outpatient Payment* - Approximately 39% or 38.67% of outpatient costs are made through FRA funding. An outpatient prospective reimbursement methodology was implemented on July 1, 2002
- *Direct Medicaid Payments* - The hospital receives additional lump sum payments to cover their unreimbursed costs for providing services to MO HealthNet participants. These payments, along with per diem payments, provide 100% of the allowable Medicaid cost for MO HealthNet participants.
- *Uninsured Add-On* - Payments for the cost of providing services to the uninsured and for uncompensated care costs.
- *Upper Payment Limit* - As funding is available, an annual payment is made to hospitals to recognize costs up to what Medicare payment principles allow.
- *Enhanced GME* - An annual payment to hospitals for Graduate Medical Education (GME) cost inflation not reimbursed in the per diem, Direct Medicaid, or quarterly GME payments. See *GME tab* for further info.

The FRA program also funds the costs of the the Missouri Gateway to Better Health Medicaid demonstration program, the state share of primary care health home per member per month (PMPM) payments to hospital-based primary care health homes, and federally required independent disproportionate share hospital (DSH) audits. DSH payments are made for Medicaid uncompensation care costs and for uninsured uncompensated care costs. These payments are limited to the federal DSH allotment and subject to annual DSH audits. *For more information on the Gateway project, see Additional Details.*

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.530

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

Regulations require that the FRA tax be broad-based, uniform, and a maximum tax of 6% due to the structure of the tax.

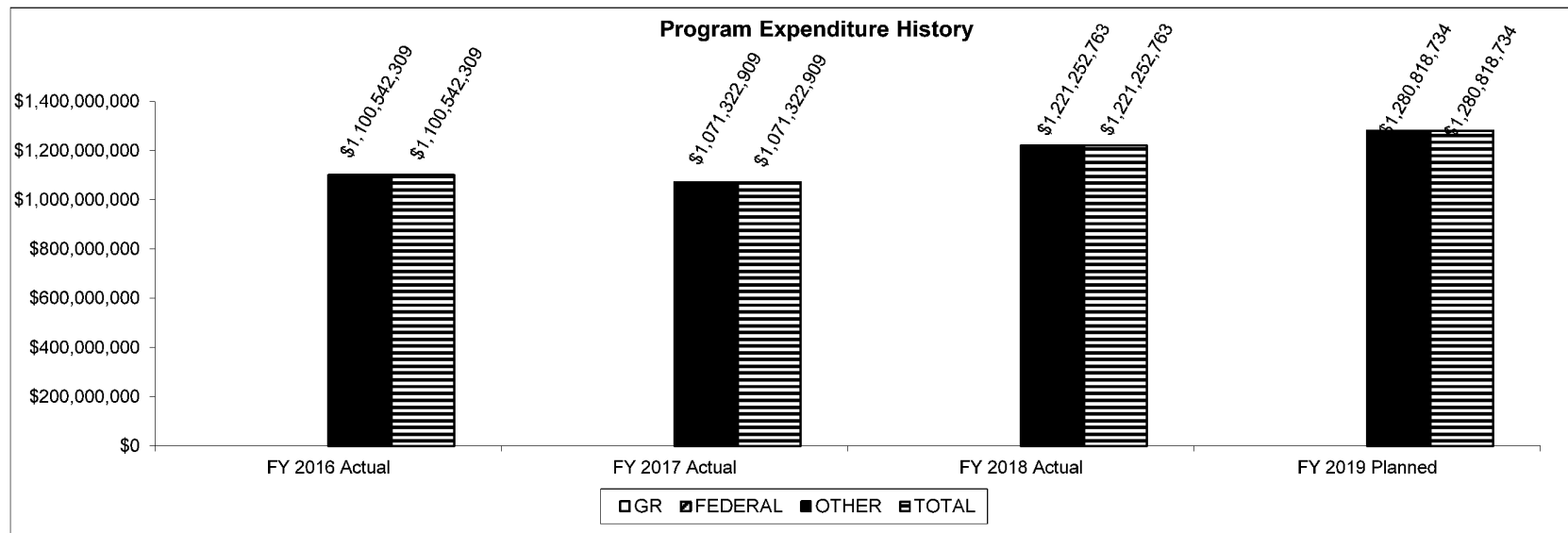
Additional Details

Missouri's Gateway to Better Health Medicaid demonstration project

The State is authorized to spend up to \$30 million (total computable) annually to preserve and improve primary care and specialty care in the St. Louis area in lieu of spending that amount of statutorily authorized funding on payments to DSHs, making this demonstration budget-neutral. Prior to the new federal DSH audit rules, DSH funding was voluntarily paid by hospitals to safety net clinics that provided uncompensated ambulatory care at specific facilities. The new federal DSH audit requirements limit the amount of DSH hospitals can receive to each individual hospital's uncompensated Medicaid and uninsured costs. Under the demonstration, CMS allows the state to continue to use DSH funds to preserve and improve primary and specialty health care services in St. Louis.

This program is exempt from performance measures as it is an accounting mechanism.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.530

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.453, RSMo; Federal law: Social Security Act Section 1903(w); Federal Regulation: 42 CFR 433 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

IGT Safety Net Hospitals

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C

HB Section: 11.540

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD		23,765,348	14,375,498	38,140,846		PSD				0	
TRF						TRF					
Total	0	23,765,348	14,375,498	38,140,846		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$14,375,498

Other Funds:

2. CORE DESCRIPTION

Safety net hospitals traditionally see a high volume of MO HealthNet/uninsured patients. This item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for safety net hospitals.

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for Safety Net Hospitals

CORE DECISION ITEM

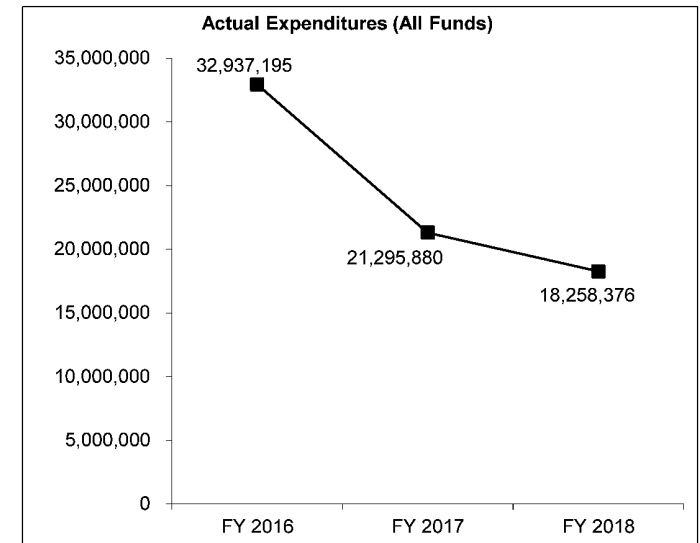
Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C

HB Section: 11.540

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	114,854,549	99,854,549	64,531,450	38,140,846
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	114,854,549	99,854,549	64,531,450	38,140,846
Actual Expenditures (All Funds)	32,937,195	21,295,880	18,258,376	N/A
Unexpended (All Funds)	81,917,354	78,558,669	46,273,074	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	48,838,988	46,486,877	27,993,196	N/A
Other	33,078,366	32,071,792	18,279,878	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT SAFETY NET HOSPITALS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	23,765,348	14,375,498	38,140,846	
	Total	0.00	0	23,765,348	14,375,498	38,140,846	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	23,765,348	14,375,498	38,140,846	
	Total	0.00	0	23,765,348	14,375,498	38,140,846	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	23,765,348	14,375,498	38,140,846	
	Total	0.00	0	23,765,348	14,375,498	38,140,846	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
IGT SAFETY NET HOSPITALS									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	13,189,453	0.00	23,765,348	0.00	23,765,348	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	5,068,923	0.00	14,375,498	0.00	14,375,498	0.00	0	0.00	
TOTAL - PD	18,258,376	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00	
TOTAL	18,258,376	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00	
GRAND TOTAL	\$18,258,376	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM DISTRIBUTIONS	18,258,376	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
TOTAL - PD	18,258,376	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
GRAND TOTAL	\$18,258,376	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$13,189,453	0.00	\$23,765,348	0.00	\$23,765,348	0.00		0.00
OTHER FUNDS	\$5,068,923	0.00	\$14,375,498	0.00	\$14,375,498	0.00		0.00

PROGRAM DESCRIPTION

Department Social Services

HB Section(s): 11.540

Program Name IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

1a. What strategic priority does this program address?

Maintain quality hospital care

1b. What does this program do?

Federal Medicaid regulation (42 CFR 433.51) established in 2010 allows state and local governmental units (including public providers) to transfer funds to the state as the non-federal share of Medicaid payments. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

The following state owned/operated hospitals are eligible for payment from this appropriation:

- Metropolitan St. Louis Psychiatric Center;
- Center for Behavioral Medicine (formerly known as Western Missouri Mental Health Center);
- Hawthorne Children's Psychiatric Hospital;
- Northwest Missouri Psychiatric Rehabilitation Center;
- Fulton State Hospital;
- Southeast Missouri Mental Health Center;
- St. Louis Psychiatric Rehabilitation Center;

The following public hospitals are eligible for payment from this appropriation:

- University of Missouri Hospital and Clinics;
- Truman Medical Center – Hospital Hill; and
- Truman Medical Center – Lakewood.

Reimbursement Methodology

Under the IGT process, hospitals transfer the non-federal share of payments to the state prior to payments being made. The state pays out the total claimable amount including both federal and non-federal share. The state demonstrates that the non-federal share of the payments is transferred to and under the administrative control of the MO HealthNet Division before the total computable payment is made to the hospitals.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(6)(B):

- Meet obstetrician requirements; and
- Have a Medicaid inpatient utilization rate (MIUR) at least one standard deviation above the state's mean MIUR or a low-income utilization rate greater than 25%; and
- Operate less than 50 licensed inpatient beds and have an unsponsored care ratio of at least 65%; or
- Operate at least 50 licensed inpatient beds, have an unsponsored care ratio of at least 65%, and an occupancy rate greater than 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by the Department of Mental Health

This program is exempt from performance measures as it is an IGT transfer.

PROGRAM DESCRIPTION

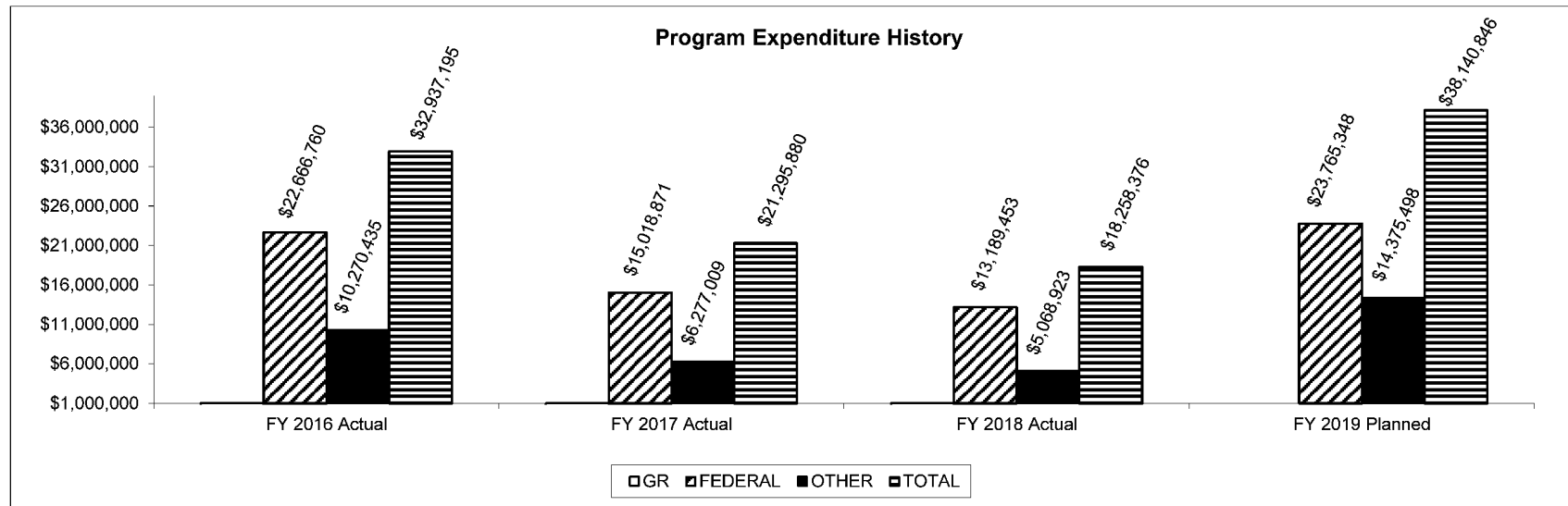
Department Social Services

HB Section(s): 11.540

Program Name IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Department of Social Services Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

IGT DMH Medicaid Program

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.545

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					FY 2020 Governor's Recommendation						
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD		500,077,646	180,569,348	680,646,994		PSD				0	
TRF						TRF					
Total	0	500,077,646	180,569,348	680,646,994		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$180,569,348

Other Funds:

2. CORE DESCRIPTION

The item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for Community Psychiatric Rehabilitation (CPR) services, Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) services; and Targeted Case Management (TCM) for behavioral health services.

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for DMH Medicaid Program.

CORE DECISION ITEM

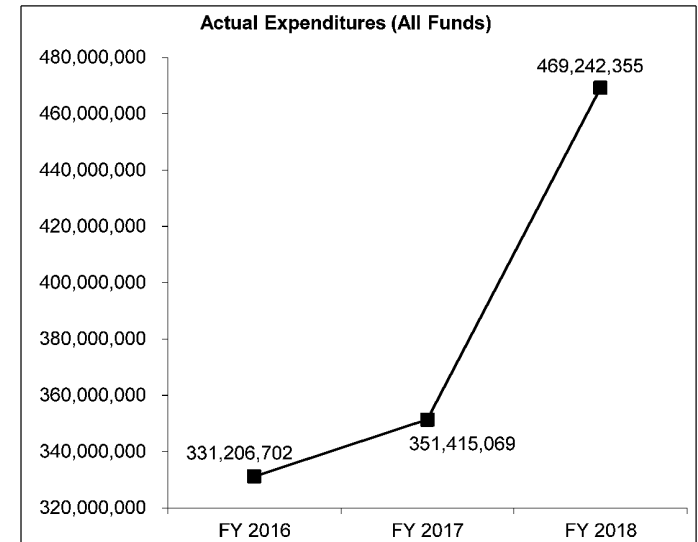
Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.545

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	350,426,731	367,321,872	658,457,993	680,646,994
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	350,426,731	367,321,872	658,457,993	680,646,994
Actual Expenditures (All Funds)	331,206,702	351,415,069	469,242,355	N/A
Unexpended (All Funds)	19,220,029	15,906,803	189,215,638	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	12,024,557	9,831,128	139,063,991	N/A
Other	7,195,472	6,075,675	50,151,647	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT DMH MEDICAID PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	500,077,646	180,569,348	680,646,994	
	Total	0.00	0	500,077,646	180,569,348	680,646,994	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	500,077,646	180,569,348	680,646,994	
	Total	0.00	0	500,077,646	180,569,348	680,646,994	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	500,077,646	180,569,348	680,646,994	
	Total	0.00	0	500,077,646	180,569,348	680,646,994	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
IGT DMH MEDICAID PROGRAM									
CORE									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	333,400,571	0.00	500,077,646	0.00	500,077,646	0.00	0	0.00	
INTERGOVERNMENTAL TRANSFER	135,841,784	0.00	180,569,348	0.00	180,569,348	0.00	0	0.00	
TOTAL - PD	469,242,355	0.00	680,646,994	0.00	680,646,994	0.00	0	0.00	
TOTAL	469,242,355	0.00	680,646,994	0.00	680,646,994	0.00	0	0.00	
DMH IGT Transfer - 1886042									
PROGRAM-SPECIFIC									
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	9,068,871	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	9,068,871	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	9,068,871	0.00	0	0.00	
GRAND TOTAL	\$469,242,355	0.00	\$680,646,994	0.00	\$689,715,865	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	469,242,355	0.00	680,646,994	0.00	680,646,994	0.00	0	0.00
TOTAL - PD	469,242,355	0.00	680,646,994	0.00	680,646,994	0.00	0	0.00
GRAND TOTAL	\$469,242,355	0.00	\$680,646,994	0.00	\$680,646,994	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$333,400,571	0.00	\$500,077,646	0.00	\$500,077,646	0.00		0.00
OTHER FUNDS	\$135,841,784	0.00	\$180,569,348	0.00	\$180,569,348	0.00		0.00

PROGRAM DESCRIPTION

Department Social Services

HB Section(s): 11.545

Program Name IGT DMH Medicaid Program

Program is found in the following core budget(s): IGT DMH Medicaid Program

1a. What strategic priority does this program address?

Support DMH Behavioral Health Programs

1b. What does this program do?

This program provides payments for Community Psychiatric Rehabilitation (CPR), Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR), and behavioral health Targeted Case Management (TCM). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR, CPR, and TCM services. The state match is provided using an IGT.

Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer to the Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid funds. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Beginning in FY 11, the MO HealthNet Division changed from a Certified Public Expenditure (CPE) process to an Intergovernmental Transfer (IGT) process for the non-federal share of CPR, CSTAR, and TCM services. MO HealthNet pays DMH a reasonable rate for the total costs of providing CPR, CSTAR, and TCM services. The IGT transfer proves that the state match is available for the CPR, CSTAR, and TCM programs. The appropriated transfer from General Revenue is in the DMH budget. Under this methodology, reimbursement rates are established for CSTAR, CPR, and TCM services and the MHD will reimburse DMH both the state and the federal share for these services.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

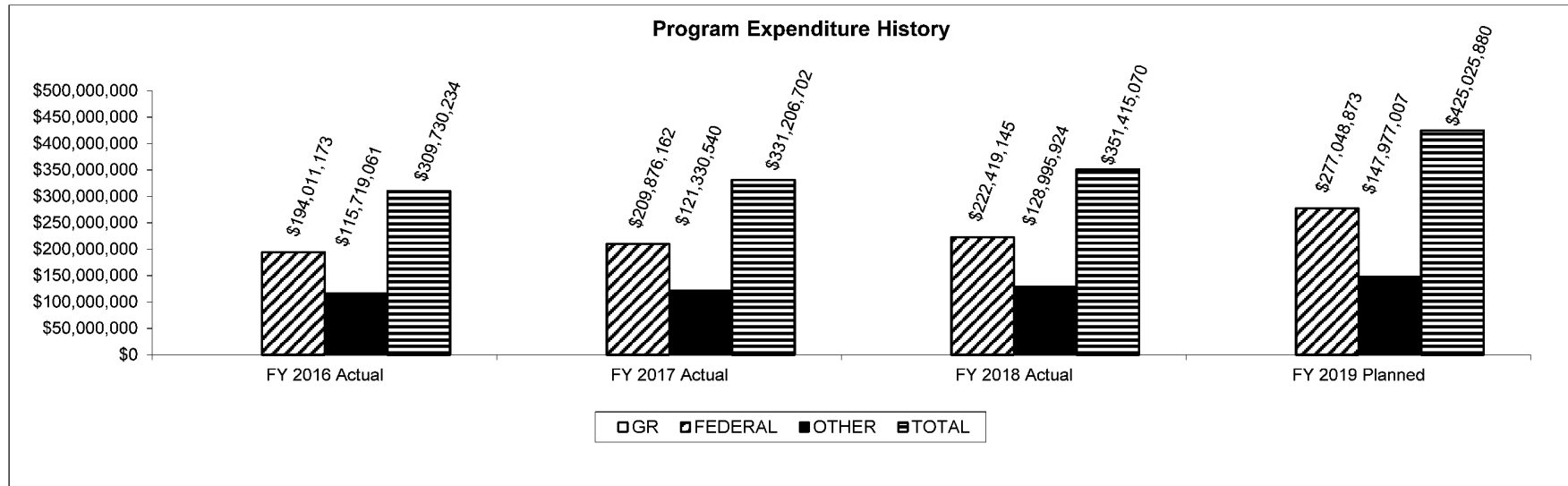
Department Social Services

HB Section(s): 11.545

Program Name IGT DMH Medicaid Program

Program is found in the following core budget(s): IGT DMH Medicaid Program

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo.; Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

NEW DECISION ITEM
RANK: 47 OF 51

Department: Social Services
 Division: MO HealthNet
 DI Name: DMH IGT Transfer

Budget Unit: 90572C

DI# 1886042

HB Section: 11.545

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD			9,068,871	9,068,871
TRF				
Total	0	0	9,068,871	9,068,871

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: DSS Intergovernmental Transfer

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD	0			0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Increase Authority	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Based on projected MO HealthNet and DMH expenditures for Fiscal Year 2019, additional authority is requested to support increased DMH payments through the DMH Intergovernmental Transfer.

NEW DECISION ITEM
RANK: 47 **OF** 51

Department: Social Services
Division: MO HealthNet
DI Name: DMH IGT Transfer

Budget Unit: 90572C

DI# 1886042

HB Section: 11.545

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The DMH Intergovernmental Transfer provides payments for Community Psychiatric Rehabilitation (CPR) and Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR and CPR services. The state match is provided using an IGT. All appropriations included in the request below are non-counted appropriations.

Estimated Shortfalls
 DMH IGT

IGT Fund	Total
\$9,068,871	\$9,068,871

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Transfers					9,068,871		9,068,871		
Total TRF	0		0		9,068,871		9,068,871		0
Grand Total	0	0.0	0	0.0	9,068,871	0.0	9,068,871	0.0	0

NEW DECISION ITEM

RANK: 47

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: DMH IGT Transfer

DI# 1886042

Budget Unit: 90572C

HB Section: 11.545

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

This program is exempt from performance measures as it is an intergovernmental transfer.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT DMH MEDICAID PROGRAM								
DMH IGT Transfer - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	9,068,871	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	9,068,871	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,068,871	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$9,068,871	0.00		0.00

Children's Health Insurance Program (CHIP)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C
HB Section: 11.550

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	11,930,111	61,357,166	7,719,204	81,006,481		PSD				0	
TRF						TRF					
Total	11,930,111	61,357,166	7,719,204	81,006,481		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds:
Federal Reimbursement Allowance Fund (FRA) (0142) - \$7,719,204

Other Funds:

2. CORE DESCRIPTION

This item funds health care services provided to certain children age 18 and under who exceed the eligibility limits of traditional MO HealthNet coverage and would otherwise be uninsured. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population.

3. PROGRAM LISTING (list programs included in this core funding)

Children's Health Insurance Program (CHIP)

CORE DECISION ITEM

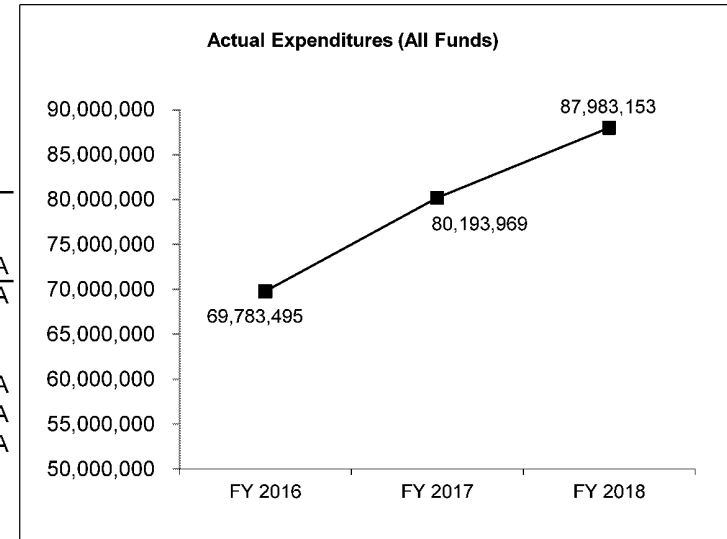
Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C

HB Section: 11.550

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	86,167,292	92,752,778	88,038,828	81,006,481
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	86,167,292	92,752,778	88,038,828	81,006,481
Actual Expenditures (All Funds)	69,783,495	80,193,969	87,983,153	N/A
Unexpended (All Funds)	16,383,797	12,558,809	55,675	N/A
Unexpended, by Fund:				
General Revenue	45,097	2,472,753	2,025	N/A
Federal	11,252,426	10,086,056	53,650	N/A
Other	5,086,274	0	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - \$15,812,287 in CHIP expenditures were made from the Statewide Managed Care Expansion Section.

(2) FY17 - No flex was used in FY17, appropriations exceeded expenditures and lapse amounts were core reduced in FY18.

(3) FY18 - Unexpended funds include \$2,012,000 GR and \$3,467,870 Fed that was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S HEALTH INS PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES							
	PD	0.00	11,930,111	61,357,166	7,719,204	81,006,481	
	Total	0.00	11,930,111	61,357,166	7,719,204	81,006,481	
<hr/>							
DEPARTMENT CORE REQUEST							
	PD	0.00	11,930,111	61,357,166	7,719,204	81,006,481	
	Total	0.00	11,930,111	61,357,166	7,719,204	81,006,481	
<hr/>							
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	11,930,111	61,357,166	7,719,204	81,006,481	
	Total	0.00	11,930,111	61,357,166	7,719,204	81,006,481	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
CHILDREN'S HEALTH INS PROGRAM									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	373,542	0.00	0	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	1,109,526	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	1,483,068	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	13,170,841	0.00	11,930,111	0.00	11,930,111	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	65,610,040	0.00	61,357,166	0.00	61,357,166	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	0	0.00	
TOTAL - PD	86,500,085	0.00	81,006,481	0.00	81,006,481	0.00	0	0.00	
TOTAL	87,983,153	0.00	81,006,481	0.00	81,006,481	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	2,571,797	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	7,683,172	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	10,254,969	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	10,254,969	0.00	0	0.00	
Managed Care Actuarial Inc - 1886028									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,917,947	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	5,956,368	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	7,874,315	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	7,874,315	0.00	0	0.00	
Pharmacy PMPM Specialty - 1886033									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	185,946	0.00	0	0.00	

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DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
CHILDREN'S HEALTH INS PROGRAM									
Pharmacy PMPM Specialty - 1886033									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	577,473	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	763,419	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	763,419	0.00	0	0.00	
GRAND TOTAL	\$87,983,153	0.00	\$81,006,481	0.00	\$99,899,184	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90556C BUDGET UNIT NAME: Children's Health Insurance Program (CHIP) HOUSE BILL SECTION: 11.550	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$99,899,184 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$9,989,918 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$99,899,184	% Flex 10%	Flex Amount \$9,989,918	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$99,899,184	% Flex 10%	Flex Amount \$9,989,918	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$9,351,870	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
CORE								
SUPPLIES	1,483,068	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	1,483,068	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	86,500,085	0.00	81,006,481	0.00	81,006,481	0.00	0	0.00
TOTAL - PD	86,500,085	0.00	81,006,481	0.00	81,006,481	0.00	0	0.00
GRAND TOTAL	\$87,983,153	0.00	\$81,006,481	0.00	\$81,006,481	0.00	\$0	0.00
GENERAL REVENUE	\$13,544,383	0.00	\$11,930,111	0.00	\$11,930,111	0.00		0.00
FEDERAL FUNDS	\$66,719,566	0.00	\$61,357,166	0.00	\$61,357,166	0.00		0.00
OTHER FUNDS	\$7,719,204	0.00	\$7,719,204	0.00	\$7,719,204	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.550

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

Effective May 1, 2017, Managed Care was geographically extended statewide. All children were mandatorily enrolled in MO HealthNet Managed Care but may opt out of Managed Care and receive their services through fee-for-service under certain circumstances. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population. Services provided under the CHIP program are reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state. This integration was made possible through the passage of Senate Bill 632 (1998).

Health insurance for uninsured children funded through CHIP includes children who must be under age 19, have a family income above 150% and below 300% poverty, are uninsured, and have no access to affordable health insurance.

Eligibility requirements are:

- age 18 or under;
- family income below 300% of the federal poverty level (FPL);
- uninsured for ninety (90) days or more; and
- no access to other health insurance coverage for less than \$75 to \$188 per month during SFY15 based on family size and income.

Program Objectives:

- Increase the number of children in Missouri who have access to a regular source of health care coverage
- Encourage the use of health care services in appropriate settings
- Ensure adequate supply of providers
- Encourage preventative services for children
- Increase use of Early and Periodic Screening Diagnosis Treatment (EPSDT) services, also know as the Healthy Children and Youth (HCY) program, for children

Rate History

See fee-for-service program tabs (physician, dental, rehab, etc.) for relevant rate history.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.550

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

Most children under CHIP receive health benefits through the MO HealthNet Managed Care health plans. MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. Federal Regulation 42 CFR 438-Managed Care and State Authority 208.166, RSMo, require capitation payments made on behalf of managed care participants be actuarially sound. The following are the prior year CHIP managed care actuarial increases received:

FY 2019 \$0 (A rate increase was not funded in FY 2019)

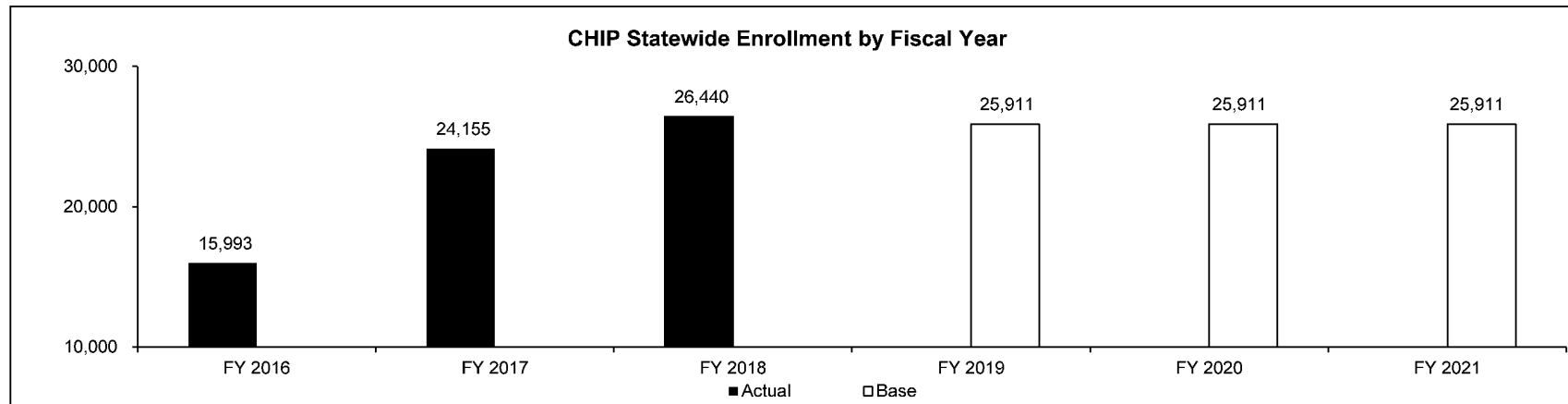
FY 2018 \$236,298

FY 2017 \$506,848

FY 2016 \$1,938,497

FY 2015 \$4,877,827

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total CHIP enrollment by fiscal year. These children would be uninsured without CHIP coverage.

Note 2: FY2019 Base is a 1% decrease from the prior FY Actual. Enrollment is expected to decline due to a DSS eligibility reconciliation process. FY2020 and FY2021 Base is unknown due to this process.

PROGRAM DESCRIPTION

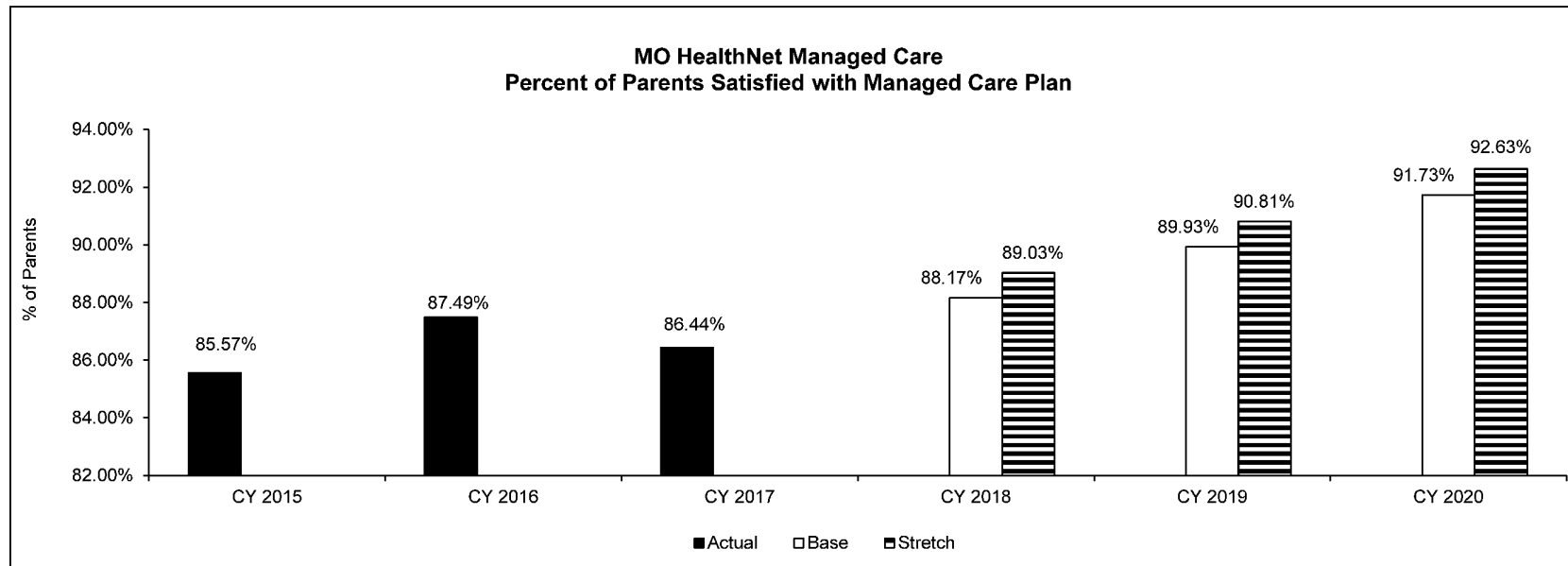
Department: Social Services

HB Section(s): 11.550

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2b. Provide a measure(s) of the program's quality.



Note 1: Measure evaluates the number of participants indicating 8, 9, or 10 in their satisfaction with the program. Scale is based on 0 to 10 with zero being the worst care and 10 being the best care possible.

Note 2: Base is a 2% increase from the prior FY Actual. Stretch is a 3% increase from the prior FY Actual.

PROGRAM DESCRIPTION

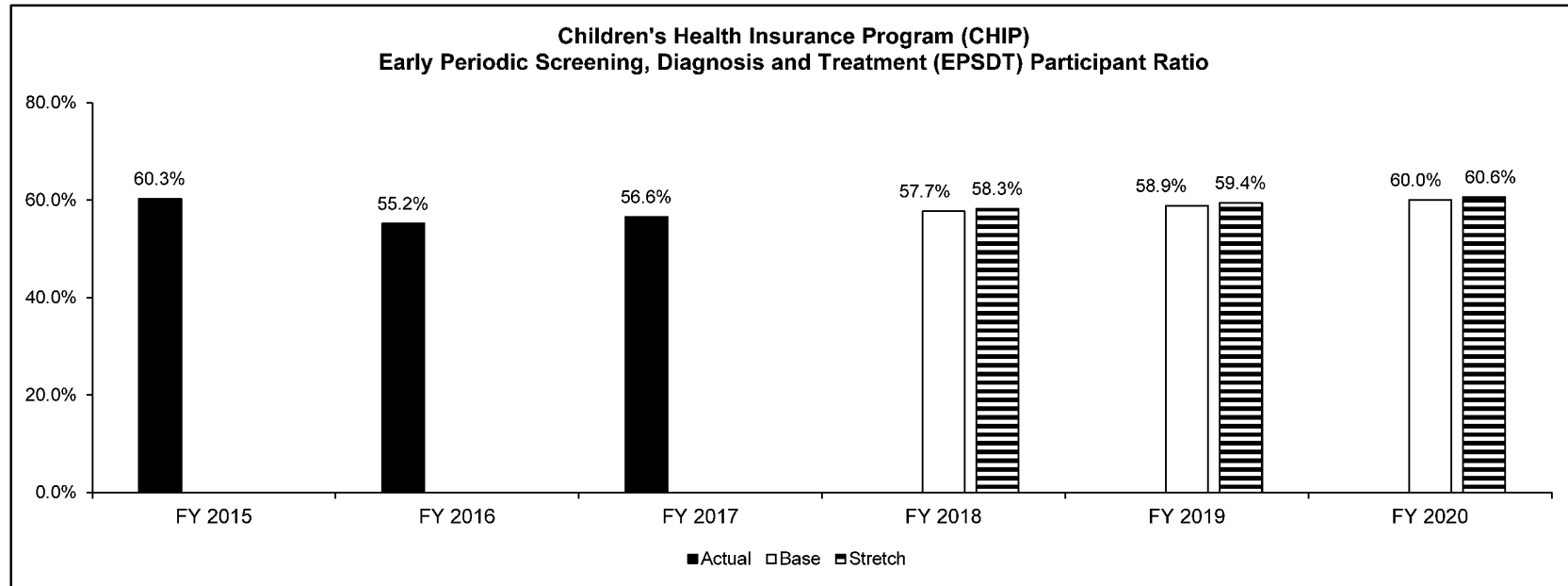
Department: Social Services

HB Section(s): 11.550

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts the percentage of CHIP children who received at least one initial or periodic screening with those that actually did receive the screening.

Note 2: EPSDT is important because regular health and developmental exams keep children healthy and prevent illness and disability. An increased EPSDT ratio would be beneficial in terms of child health outcomes as well as by reducing MO HealthNet costs associated with treating serious preventable conditions over time.

Note 3: Base is a 2% increase from the prior FY Actual. Stretch is a 3% increase from the prior FY Actual.

PROGRAM DESCRIPTION

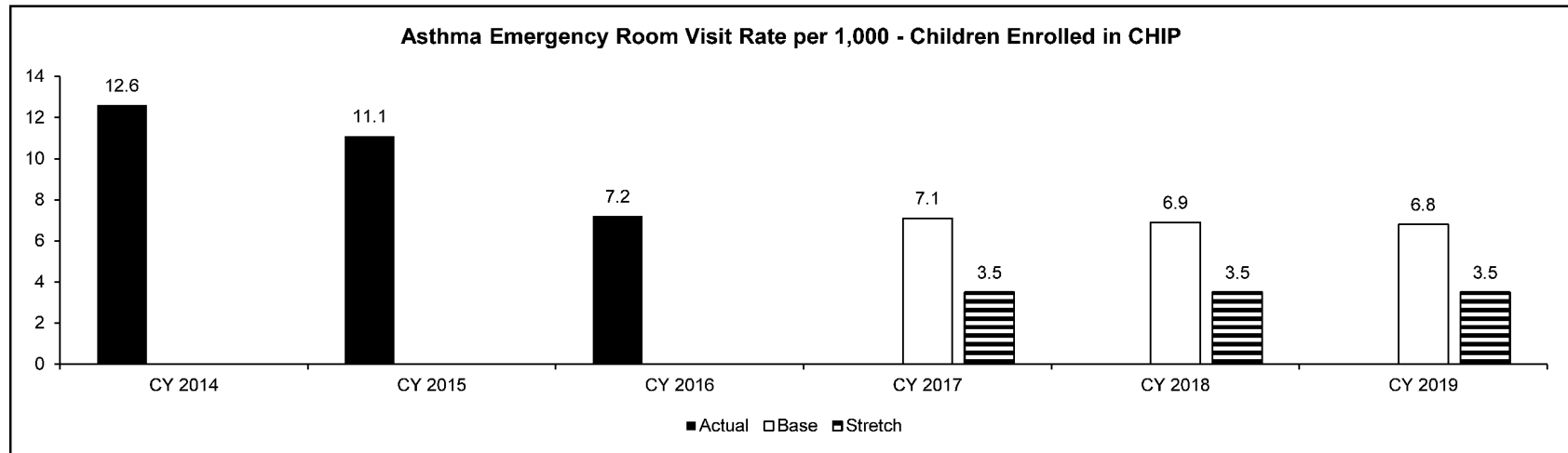
Department: Social Services

HB Section(s): 11.550

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2d. Provide a measure(s) of the program's efficiency.



Note 1: On average each Emergency Room (ER) visit for asthma costs approximately \$700, compared to only \$118 for a visits to a Primary Care Physician; approximately \$580 is saved for each ER visit avoided.

Note 2: In 2016, there were 278 ER visits for asthma among CHIP participants, leading to \$161,240 a year in costs that could be avoided if a Primary Care visit has taken place instead of an ER visit. Cost savings will be seen as a decrease in ER visit rates for asthma among CHIP participants occurs each year.

Note 3: Base is a 2% decrease from the prior CY Actual. Stretch is based on the 2016 Non-Medicaid Rate.

PROGRAM DESCRIPTION

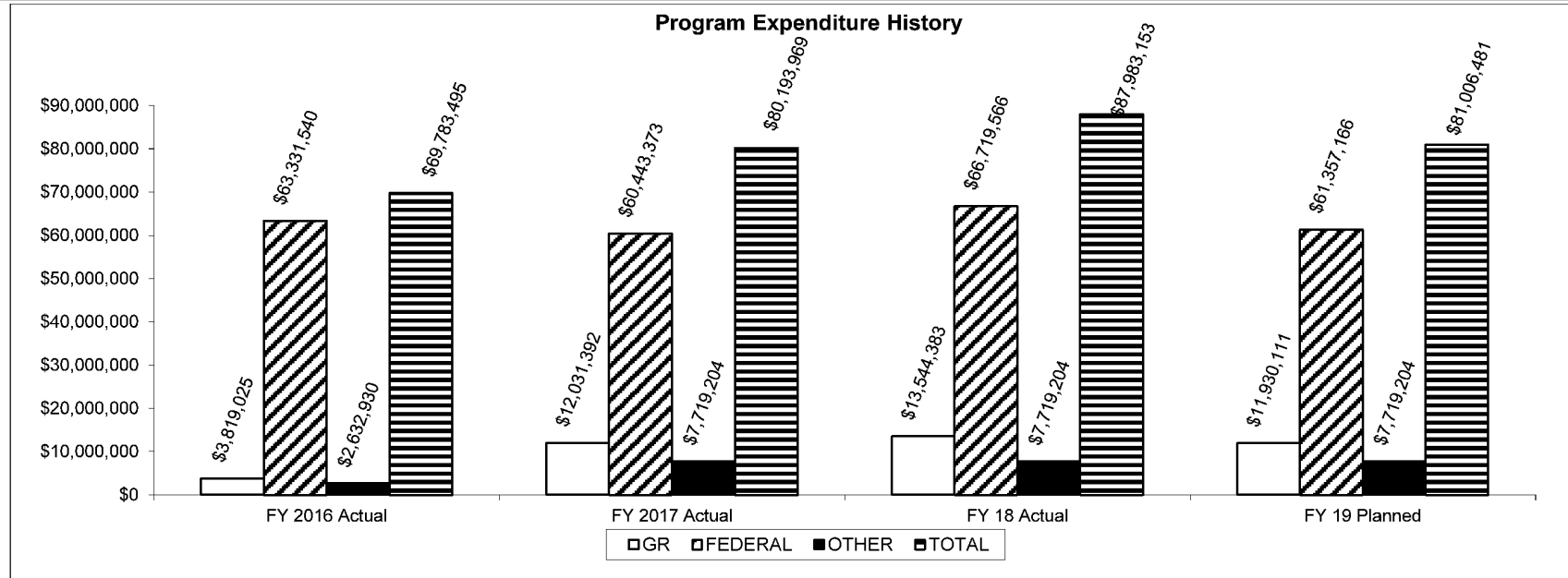
Department: Social Services

HB Section(s): 11.550

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: Sections 208.631 through 208.657, RSMo; Federal Law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457.

6. Are there federal matching requirements? If yes, please explain.

In FFY 2020 (October 1, 2019) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027. The January 2018 continuing resolution provided a phase down and after FFY 2020 eliminated the current 23% enhanced CHIP match rate.

7. Is this a federally mandated program? If yes, please explain.

No.

Show-Me Healthy Babies

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Show-Me Healthy Babies

Budget Unit: 88855C

HB Section: 11.555

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE	20,000	20,000		40,000	
PSD	3,711,999	11,948,028		15,660,027	
TRF					
Total	3,731,999	11,968,028	0	15,700,027	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE				0	
PSD				0	
TRF					
Total	0	0	0	0	
FTE				0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds services for targeted low-income unborn children from families with household incomes up to 300% of the Federal Poverty Level (FPL). Services include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, birth, and postpartum care.

3. PROGRAM LISTING (list programs included in this core funding)

Show-Me Healthy Babies

CORE DECISION ITEM

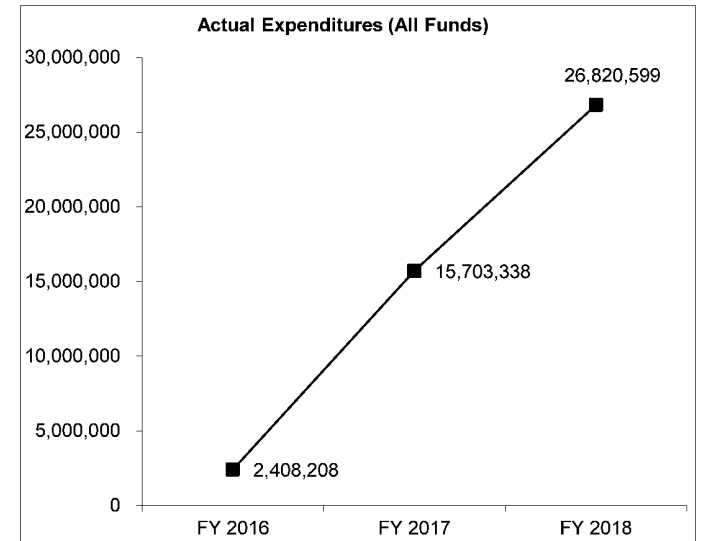
Department: Social Services
Division: MO HealthNet
Core: Show-Me Healthy Babies

Budget Unit: 88855C

HB Section: 11.555

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	13,672,790	19,748,059	28,394,644	15,700,027
Less Reverted (All Funds)	(1,725)	(600)	(600)	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	13,671,065	19,747,459	28,394,044	15,700,027
Actual Expenditures (All Funds)	2,408,208	15,703,338	26,820,599	N/A
Unexpended (All Funds)	0	4,044,121	1,573,445	N/A
Unexpended, by Fund:				
General Revenue	2,798,092	0	388,180	N/A
Federal	8,464,765	4,044,121	1,185,265	N/A
Other	0	0	0	N/A
	(1)	(2)		



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - The first year of the program.

(2) FY17 - \$4,168,664 was paid from Managed Care and \$319 was paid from FQHC.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SHOW-ME BABIES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	3,711,999	11,948,028	0	15,660,027	
	Total	0.00	3,731,999	11,968,028	0	15,700,027	
DEPARTMENT CORE REQUEST							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	3,711,999	11,948,028	0	15,660,027	
	Total	0.00	3,731,999	11,968,028	0	15,700,027	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	3,711,999	11,948,028	0	15,660,027	
	Total	0.00	3,731,999	11,968,028	0	15,700,027	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
SHOW-ME BABIES									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	19,400	0.00	20,000	0.00	20,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	19,400	0.00	20,000	0.00	20,000	0.00	0	0.00	
TOTAL - EE	38,800	0.00	40,000	0.00	40,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	6,718,364	0.00	3,711,999	0.00	3,711,999	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	20,063,435	0.00	11,948,028	0.00	11,948,028	0.00	0	0.00	
TOTAL - PD	26,781,799	0.00	15,660,027	0.00	15,660,027	0.00	0	0.00	
TOTAL	26,820,599	0.00	15,700,027	0.00	15,700,027	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	4,986,950	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	15,082,245	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	20,069,195	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	20,069,195	0.00	0	0.00	
Managed Care Actuarial Inc - 1886028									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	359,115	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,115,266	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,474,381	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,474,381	0.00	0	0.00	
GRAND TOTAL	\$26,820,599	0.00	\$15,700,027	0.00	\$37,243,603	0.00	\$0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 88855C BUDGET UNIT NAME: Show-Me Healthy Babies HOUSE BILL SECTION: 11.555	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$37,243,603 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$3,724,360 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$37,243,603	% Flex 10%	Flex Amount \$3,724,360	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$37,243,603	% Flex 10%	Flex Amount \$3,724,360	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$0	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
CORE								
PROFESSIONAL SERVICES	38,800	0.00	40,000	0.00	40,000	0.00	0	0.00
TOTAL - EE	38,800	0.00	40,000	0.00	40,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	26,781,799	0.00	15,660,027	0.00	15,660,027	0.00	0	0.00
TOTAL - PD	26,781,799	0.00	15,660,027	0.00	15,660,027	0.00	0	0.00
GRAND TOTAL	\$26,820,599	0.00	\$15,700,027	0.00	\$15,700,027	0.00	\$0	0.00
GENERAL REVENUE	\$6,737,764	0.00	\$3,731,999	0.00	\$3,731,999	0.00		0.00
FEDERAL FUNDS	\$20,082,835	0.00	\$11,968,028	0.00	\$11,968,028	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.555

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

Effective January 1, 2016, Missouri established the Show-Me Healthy Babies program, a separate Children's Health Insurance Program (CHIP), for targeted low-income unborn children from families with household incomes up to 300% federal poverty level (FPL).

The unborn child's coverage period begins from the date of application and extends through birth. For the mother of the unborn child, postpartum coverage begins on the day the pregnancy ends and extends through the last day of the month which includes the sixtieth (60th) day after the pregnancy ends. Coverage for the child continues for up to one year after birth, unless otherwise prohibited by law or unless otherwise limited by the Missouri General Assembly through appropriations. The added benefit of Show-Me Healthy Babies is to keep mothers and babies healthy and avoid costly intensive care and long-term consequences of poor prenatal care such as chronic conditions and disabilities.

The program provides eligible unborn children a benefit package of essential, medically necessary health services in order to improve birth outcomes and decrease health problems during pregnancy, infancy, and childhood.

It also increases the number of women eligible for MO HealthNet during pregnancy, allowing access to prenatal and pregnancy services that benefit the health of the unborn child. This access to prenatal care is designed to promote healthy labor, delivery, birth, and postpartum care.

To be eligible for SMHB, pregnant women must meet the following guidelines:

- Self-attestation of pregnancy is accepted when making eligibility determinations and there is no waiting period for coverage to begin;
- Household income must be at or below 300% of FPL;
- No access to employer insurance or affordable private insurance which includes maternity benefits; and
- Pregnant woman cannot be eligible for any other MO HealthNet programs (with the exception of Uninsured Women's Health services, Extended Women's Health Services, or Gateway to better Health).

Reimbursement Methodology

Services provided under the Show-Me Healthy Babies Program can be reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state.

PROGRAM DESCRIPTION

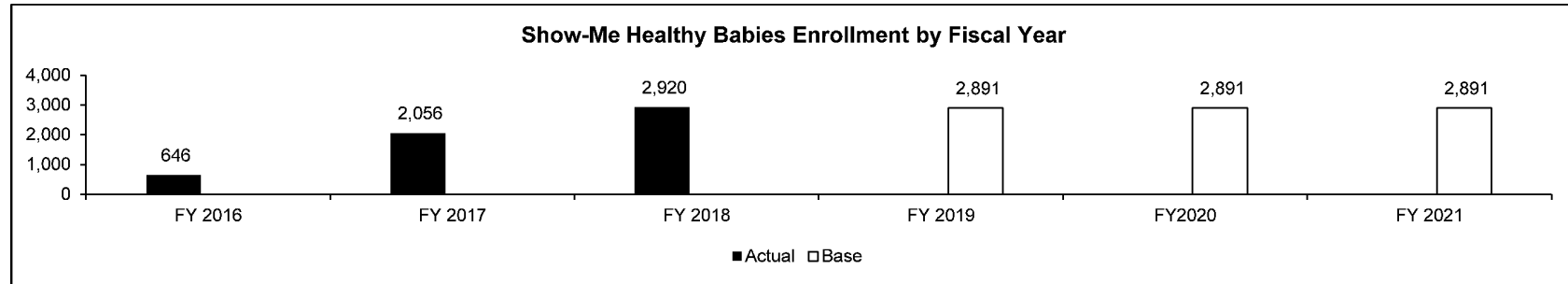
Department: Social Services

HB Section(s): 11.555

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total enrollment in Show-Me Health Babies.

Note 2: Base is a 1% decrease from FY 2018 Actual. Enrollment is expected to decline due to a DSS eligibility reconciliation process. FY2020 and FY2021 Base is unknown due to this process.

Note 3: FY 2016 enrollment is lower due to the program beginning in the middle of the fiscal year.

PROGRAM DESCRIPTION

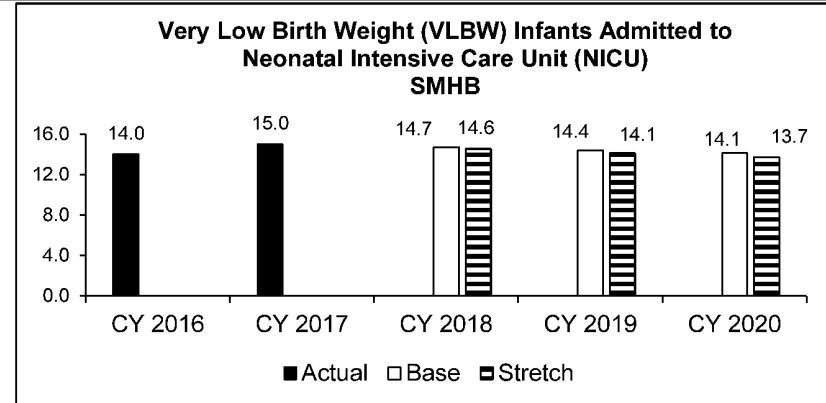
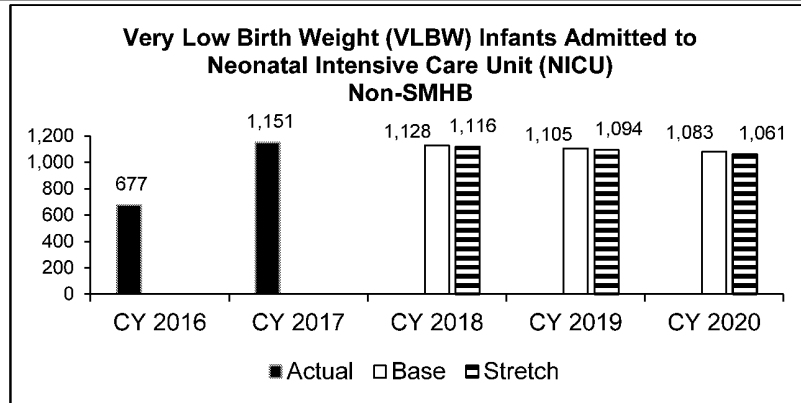
Department: Social Services

HB Section(s): 11.555

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2b. Provide a measure(s) of the program's quality.



Note 1: Chart 1 depicts Non-Show-Me Health Babies born with a VLBW (less than 1500 grams).

Note 2: Chart 2 depicts Show-Me Health Babies born with a VLBW (less than 1500 grams).

Note 3: CY 2016 information is lower due to the implementation of the program. Data increased in preceeding years due to a larger enrollment population.

Note 4: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In 2016, among 815 Show-Me Healthy Babies deliveries, only 1.7% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available. The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.

PROGRAM DESCRIPTION

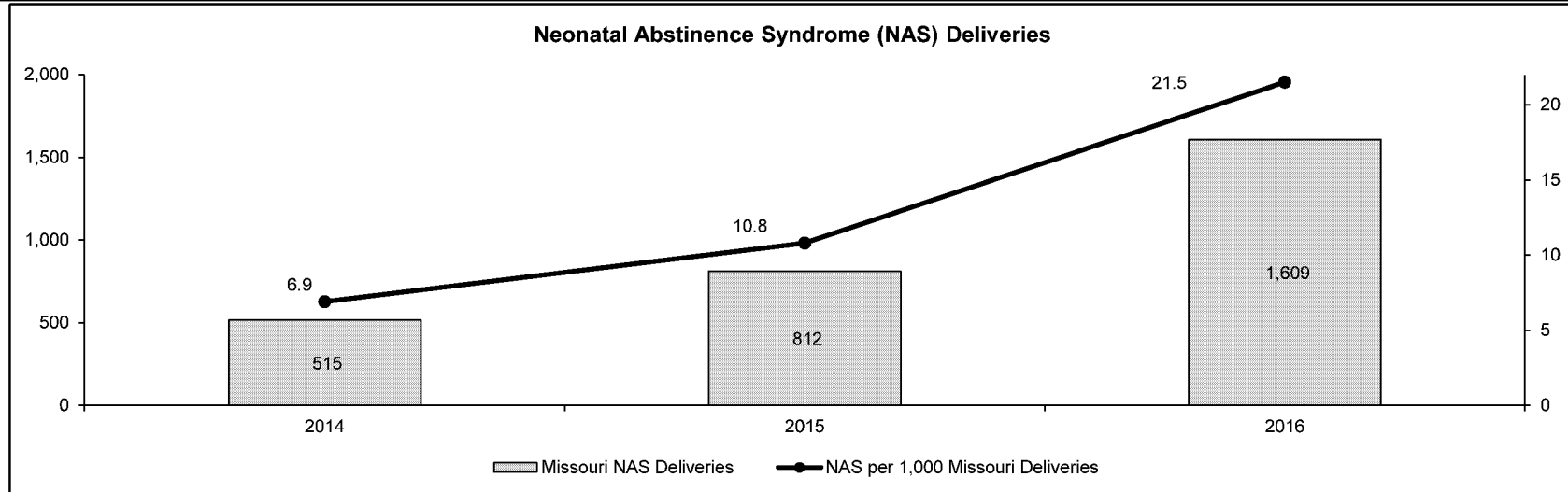
Department: Social Services

HB Section(s): 11.555

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts Missouri Neonatal Abstinence Syndrome (NAS) deliveries in Missouri.

Note 2: NAS occurs when babies are born addicted to certain drugs and is associated with the opioid epidemic. These infants are at a risk for low birth weight, being born prematurely, and often needed to be admitted to a Neonatal Intensive Care Unit.

Note 3: Show-Me Health Babies began in 2016 and will help address the increase in NAS by providing prenatal care to mothers who would otherwise not have health coverage. MO HealthNet will be able to track the program's impact when new data are available next year.

PROGRAM DESCRIPTION

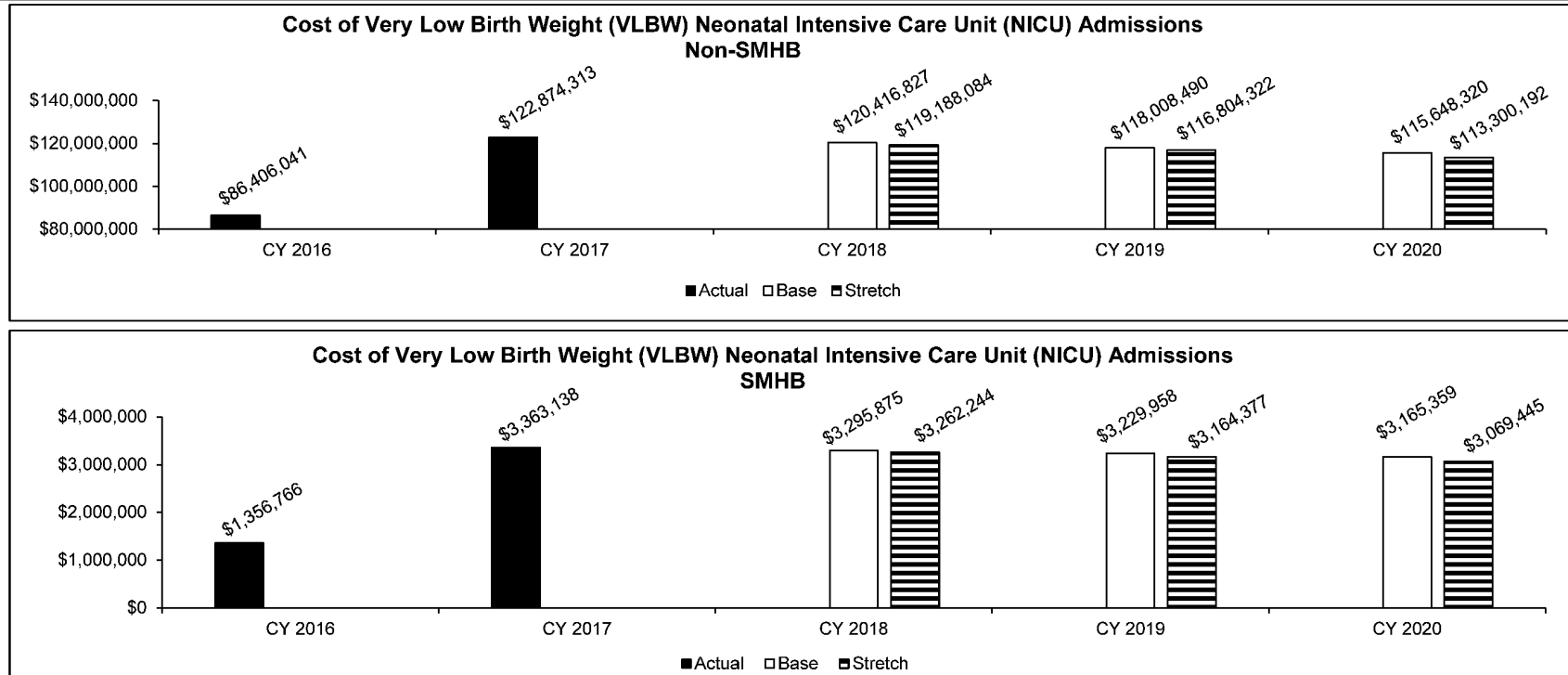
Department: Social Services

HB Section(s): 11.555

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2d. Provide a measure(s) of the program's efficiency.



Note 1: Chart 1 depicts the cost of Non-Show-Me Health Babies born with a VLBW (less than 1500 grams).

Note 2: Chart 2 depicts the cost of Show-Me Health Babies born with a VLBW (less than 1500 grams).

Note 3: CY 2016 cost was low due to the implementation of the program. As enrollment grew in preceding years, cost did also.

Note 4: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In 2016, among 815 Show-Me Healthy Babies deliveries, only 1.7% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available. The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.

PROGRAM DESCRIPTION

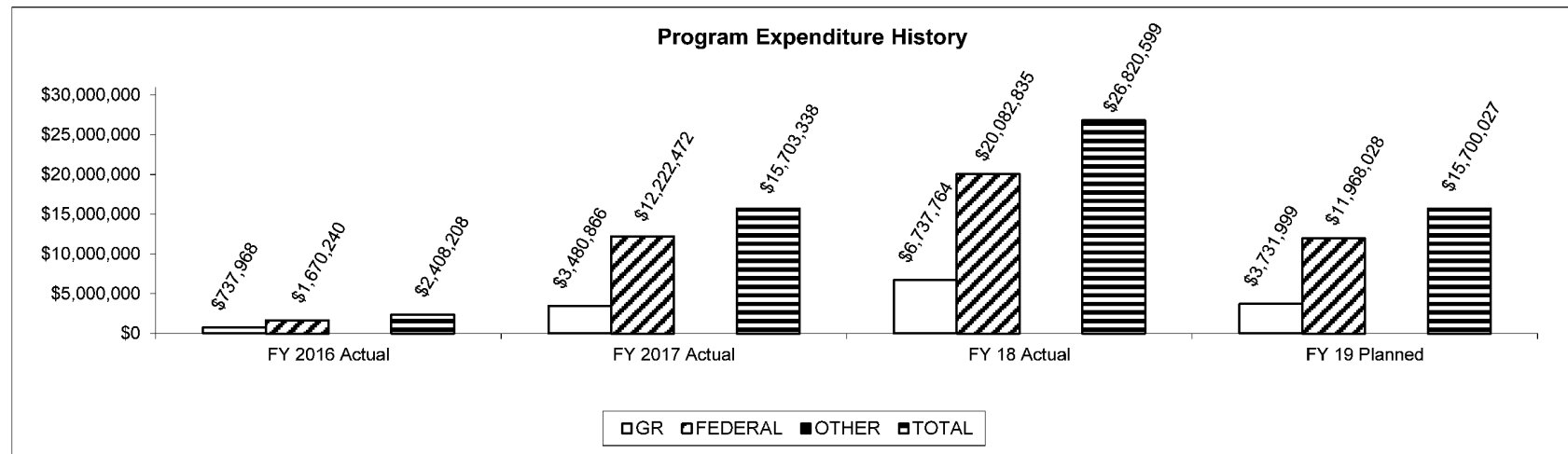
Department: Social Services

HB Section(s): 11.555

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: Section 208.662, RSMo. Federal law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457.10.

6. Are there federal matching requirements? If yes, please explain.

In FFY 2020 (October 1, 2019) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027. The January 2018 continuing resolution provided a phase down and after FFY 2020 eliminated the current 23% enhanced CHIP match rate.

7. Is this a federally mandated program? If yes, please explain.

No.

Nursing Facilities Reimbursement Allowance (NFRA)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C
HB Section: 11.585

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD			351,448,765	351,448,765	
TRF					
Total	0	0	351,448,765	351,448,765	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$351,448,765

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD				0	
TRF					
Total	0	0	0	0	
FTE				0.00	

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core request is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants. This item funds the portion of the per diem rate paid to nursing facilities that is funded through the Nursing Facility Reimbursement Allowance (NFRA). Funds from this core are used to provide enhanced payment rates for improving the quality of patient care using the NFRA under Title XIX of the Social Security Act as a General Revenue equivalent.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities Reimbursement Allowance (NFRA) Program

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C

HB Section: 11.585

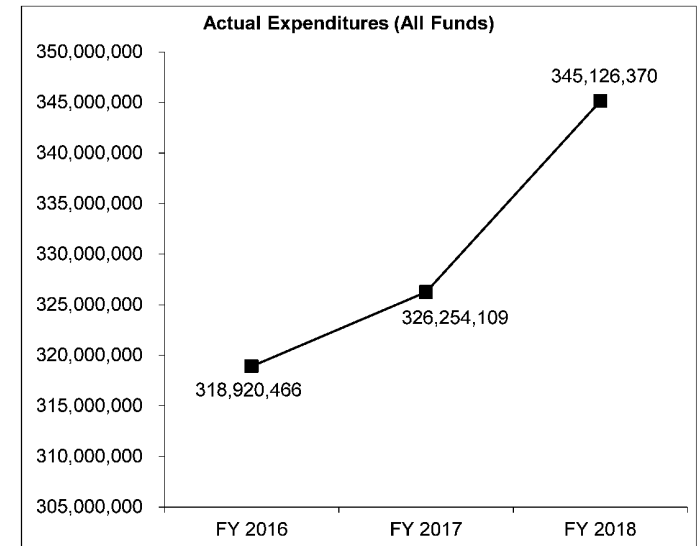
4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	325,332,526	329,042,684	358,308,579	351,448,765
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	325,332,526	329,042,684	358,308,579	351,448,765
Actual Expenditures (All Funds)	318,920,466	326,254,109	345,126,370	N/A
Unexpended (All Funds)	6,412,060	2,788,575	13,182,209	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	6,412,060	2,788,575	13,182,209	N/A

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY FED REIMB AL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	351,448,765	351,448,765	
	Total	0.00	0	0	351,448,765	351,448,765	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	351,448,765	351,448,765	
	Total	0.00	0	0	351,448,765	351,448,765	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	351,448,765	351,448,765	
	Total	0.00	0	0	351,448,765	351,448,765	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NURSING FACILITY FED REIMB AL									
CORE									
PROGRAM-SPECIFIC									
NURSING FACILITY FED REIM ALLW	345,126,370	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00	
TOTAL - PD	345,126,370	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00	
TOTAL	345,126,370	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00	
MHD Cost-to-Continue - 1886001									
PROGRAM-SPECIFIC									
NURSING FACILITY FED REIM ALLW	0	0.00	0	0.00	4,124,248	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	4,124,248	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	4,124,248	0.00	0	0.00	
GRAND TOTAL	\$345,126,370	0.00	\$351,448,765	0.00	\$355,573,013	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM DISTRIBUTIONS	345,126,370	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00
TOTAL - PD	345,126,370	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00
GRAND TOTAL	\$345,126,370	0.00	\$351,448,765	0.00	\$351,448,765	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$345,126,370	0.00	\$351,448,765	0.00	\$351,448,765	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.585

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

1a. What strategic priority does this program address?

Enhanced reimbursement to nursing facilities caring for MO HealthNet participants

1b. What does this program do?

The Nursing Facility Reimbursement Allowance (NFRA) program assesses nursing facilities a fee for the privilege of doing business in the state of Missouri. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the nursing facilities and the federal earnings fund is used to provide enhanced payment rates for the nursing facility program. The NFRA program was implemented in SFY 1995 as part of a total restructuring of reimbursement for nursing facilities and is used to provide enhanced reimbursement rates that target quality patient care. *For additional details on the nursing facility reimbursement methodology, see the program description in the Nursing Facilities tab.*

The NFRA program has been reauthorized through September 30, 2019.

The NFRA is assessed to all nursing facilities on a per patient day basis. The current NFRA rate per day is multiplied by the annualized level of patient days to determine the annual assessment owed by a nursing facility which MHD collects on a monthly basis throughout the year. MHD recalculates the assessment at the beginning of each state fiscal year using updated patient days and an updated NFRA rate, if applicable. The patient days (i.e., the number of days that licensed nursing facility beds are occupied by patients) are updated each state fiscal year using the Quarterly Certification of Need (CON) Survey from the Department of Health and Senior Services.

SFY	Assessment Rate
2016-2018	\$13.40
2013-2015	\$12.11
2012	\$11.70
2011	\$9.27
2010	\$9.07

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

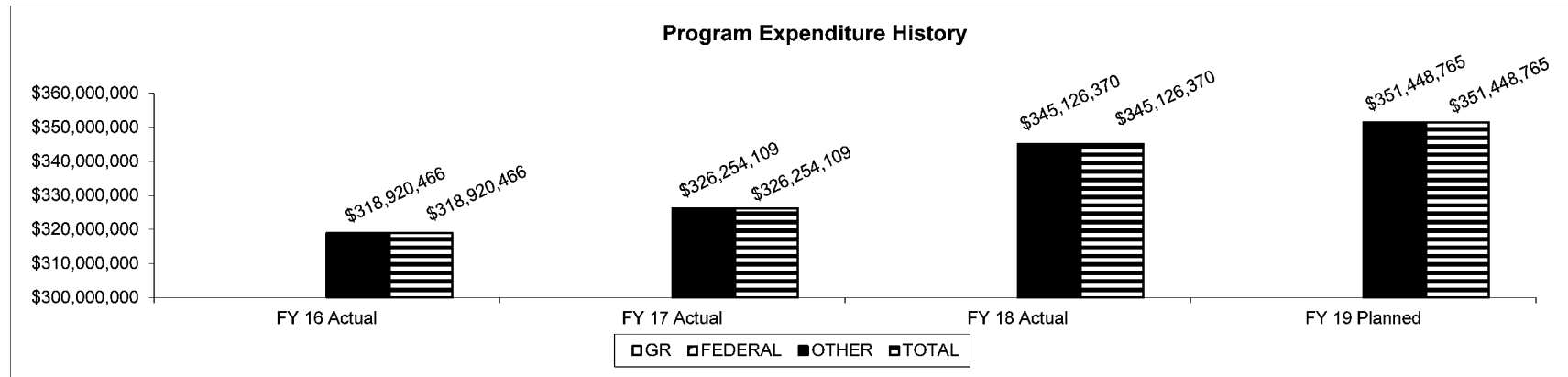
Department: Social Services

HB Section(s): 11.585

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Nursing Facility Reimbursement Allowance Fund (0196)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Law: Social Security Act, Section 1903(w)

Federal Reg: 42 CFR 443, Subpart B

State Statute: Section 198.401, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

School District Medicaid Claiming

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: School District Medicaid Claiming

Budget Unit: 90569C
HB Section: 11.590

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					
	GR	Federal	Other	Total	E
PS					
EE					
PSD	242,525	31,653,770		31,896,295	
TRF					
Total	242,525	31,653,770	0	31,896,295	
FTE	0.00	0.00	0.00	0.00	

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E
PS					
EE					
PSD				0	
TRF					
Total	0	0	0	0	
FTE				0.00	

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This item funds payments for School District Administrative Claiming (SDAC) and Individualized Education Plan (IEP) school-based health services (SBHS).

3. PROGRAM LISTING (list programs included in this core funding)

School-based administrative and school-based early and periodic screening, diagnostic, and treatment (EPSDT) services.

CORE DECISION ITEM

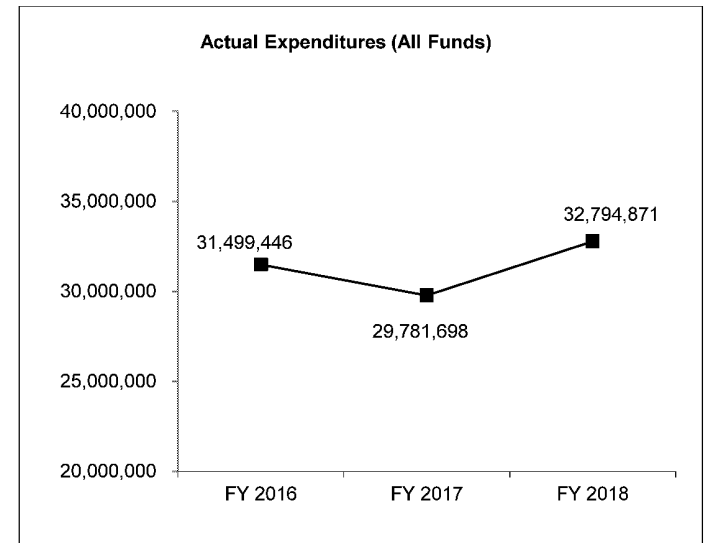
Department: Social Services
Division: MO HealthNet
Core: School District Medicaid Claiming

Budget Unit: 90569C

HB Section: 11.590

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	39,896,295	34,896,295	34,896,295	34,896,295
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	39,896,295	34,896,295	34,896,295	N/A
Actual Expenditures (All Funds)	31,499,446	29,781,698	32,794,871	N/A
Unexpended (All Funds)	8,396,849	5,114,597	2,101,424	N/A
Unexpended, by Fund:				
General Revenue	91,077	53,710	72,841	N/A
Federal	8,305,772	5,060,887	2,028,583	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SCHOOL DISTRICT CLAIMING**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	242,525	34,653,770	0	34,896,295	
				Total	0.00	242,525	34,653,770	0	34,896,295	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	976	6226	PD	0.00		0	(3,000,000)	0	(3,000,000)	Reallocation of SDAC Contract to Admin
NET DEPARTMENT CHANGES					0.00	0	(3,000,000)	0	(3,000,000)	
DEPARTMENT CORE REQUEST				PD	0.00	242,525	31,653,770	0	31,896,295	
				Total	0.00	242,525	31,653,770	0	31,896,295	
GOVERNOR'S RECOMMENDED CORE				PD	0.00	242,525	31,653,770	0	31,896,295	
				Total	0.00	242,525	31,653,770	0	31,896,295	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
SCHOOL DISTRICT CLAIMING									
CORE									
EXPENSE & EQUIPMENT									
TITLE XIX-FEDERAL AND OTHER	1,125,000	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	1,125,000	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	169,684	0.00	242,525	0.00	242,525	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	31,500,187	0.00	34,653,770	0.00	31,653,770	0.00	0	0.00	
TOTAL - PD	31,669,871	0.00	34,896,295	0.00	31,896,295	0.00	0	0.00	
TOTAL	32,794,871	0.00	34,896,295	0.00	31,896,295	0.00	0	0.00	
School District Claiming - 1886024									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	10,000,000	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	10,000,000	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	10,000,000	0.00	0	0.00	
GRAND TOTAL	\$32,794,871	0.00	\$34,896,295	0.00	\$41,896,295	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SCHOOL DISTRICT CLAIMING								
CORE								
PROFESSIONAL SERVICES	1,125,000	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	1,125,000	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	31,669,871	0.00	34,896,295	0.00	31,896,295	0.00	0	0.00
TOTAL - PD	31,669,871	0.00	34,896,295	0.00	31,896,295	0.00	0	0.00
GRAND TOTAL	\$32,794,871	0.00	\$34,896,295	0.00	\$31,896,295	0.00	\$0	0.00
GENERAL REVENUE	\$169,684	0.00	\$242,525	0.00	\$242,525	0.00		0.00
FEDERAL FUNDS	\$32,625,187	0.00	\$34,653,770	0.00	\$31,653,770	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.590

Program Name: School Districts Medicaid Claiming

Program is found in the following core budget(s): School Districts Medicaid Claiming

1a. What strategic priority does this program address?

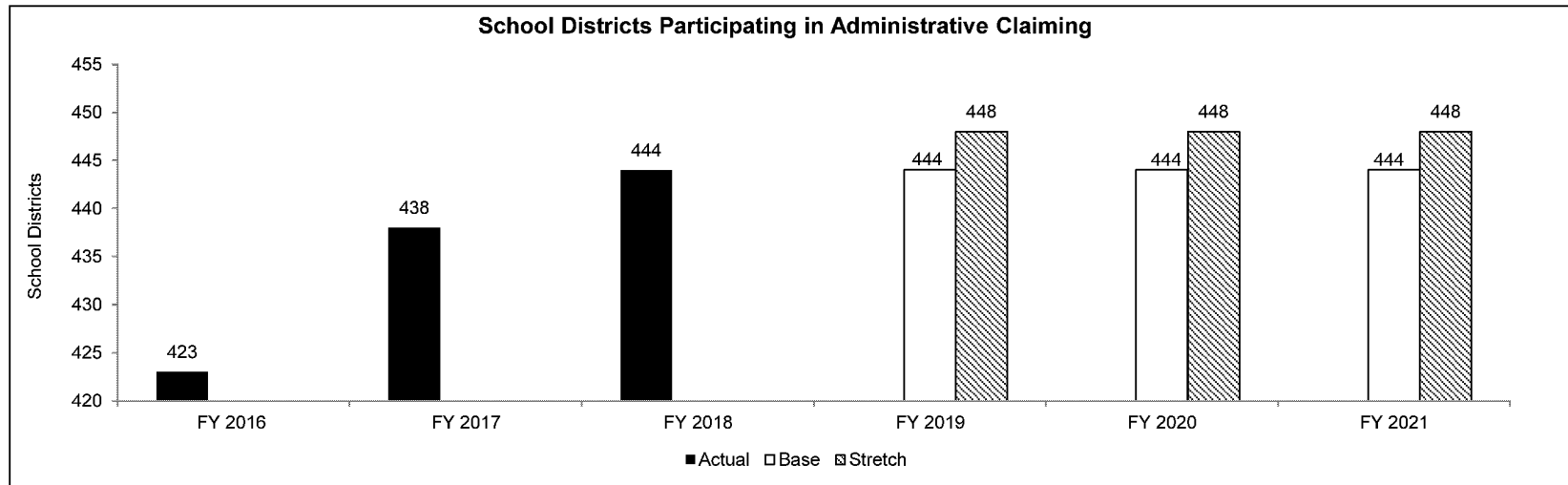
Reimbursement to school districts for Medicaid related health services

1b. What does this program do?

This allows school districts to obtain Medicaid funding for School District Administrative Claiming (SDAC) administrative activities that support direct services and direct services that are offered to children in the school district. Administrative activities include outreach to Medicaid and the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program benefit, also known as Health Children and Youth (HCY) program; referrals made for health services; and coordinating health services for students. Direct services are limited to physical, occupational, and speech therapy services; audiology; personal care; private duty nursing; and behavioral health services that are identified in an Individualized Education Plan for school age children.

Public and charter schools recognized by the Department of Elementary and Secondary Education (DESE) are eligible to participate in SDAC and direct services. A cooperative agreement must be in place between the MO HealthNet Division and the school district in order to participate in SDAC. The school district must be a MO HealthNet enrolled provider in order to participate in direct services.

2a. Provide an activity measure(s) for the program.



PROGRAM DESCRIPTION

Department: Social Services

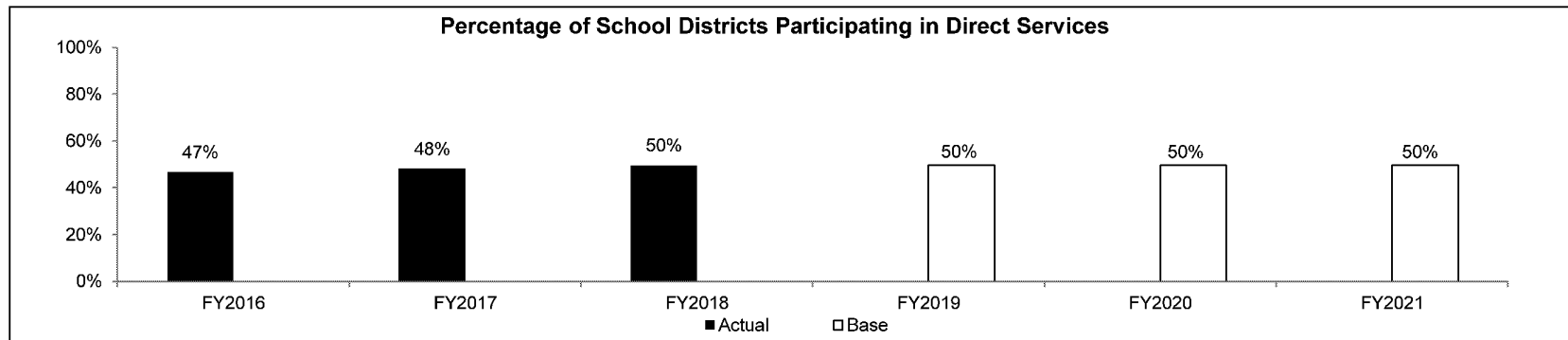
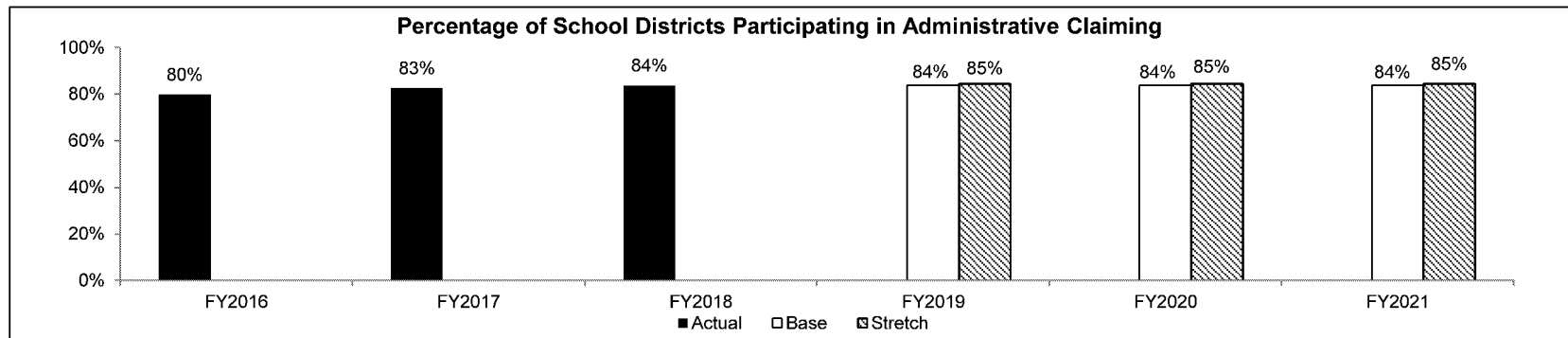
HB Section(s): 11.590

Program Name: School Districts Medicaid Claiming

Program is found in the following core budget(s): School Districts Medicaid Claiming

2b. Provide a measure(s) of the program's quality.

According to the Missouri School Boards Association, the MO HealthNet Division (MHD), in strong partnership with Missouri schools, works cooperatively to ensure health care needs are met so that children can learn. School District Administrative Claiming (SDAC), Non-Emergency Medical Transportation (NEMT) and designated medical services received by students with disabilities (Direct Services) are three programs under MHD that partially reimburse school districts for providing medical services to otherwise qualified children, without impacting the state's general revenue. According to the Missouri School Boards Association, access to quality medical services and revenue to support those services is vital to children and to the schools that serve them, as it allows children with health care needs to attend school and to achieve commensurate with their peers, without adversely impacting the overall quality of education in the district.



PROGRAM DESCRIPTION

Department: Social Services

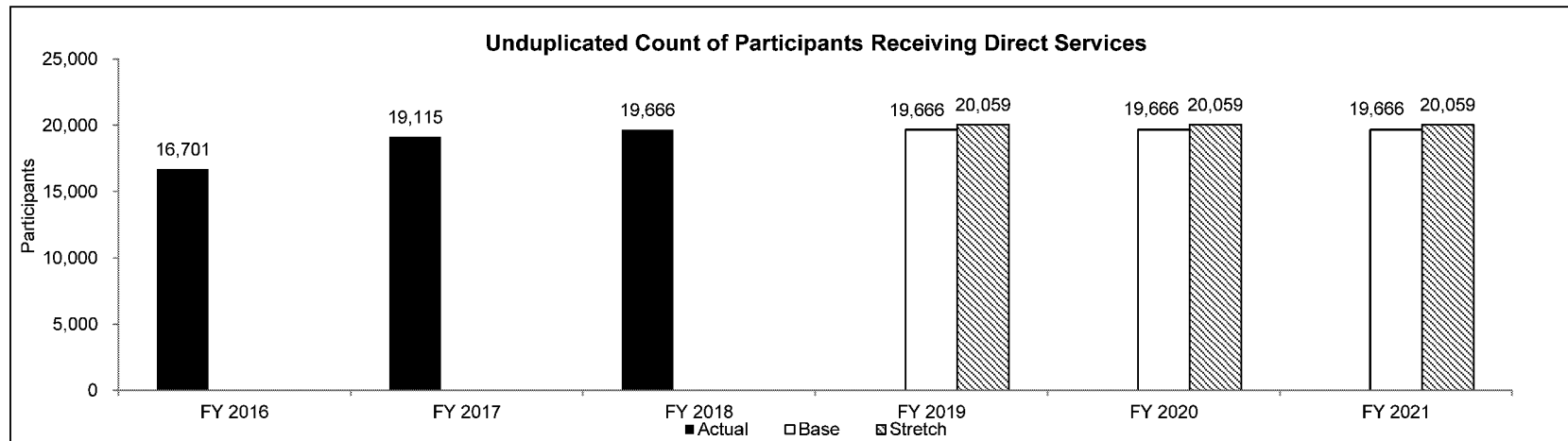
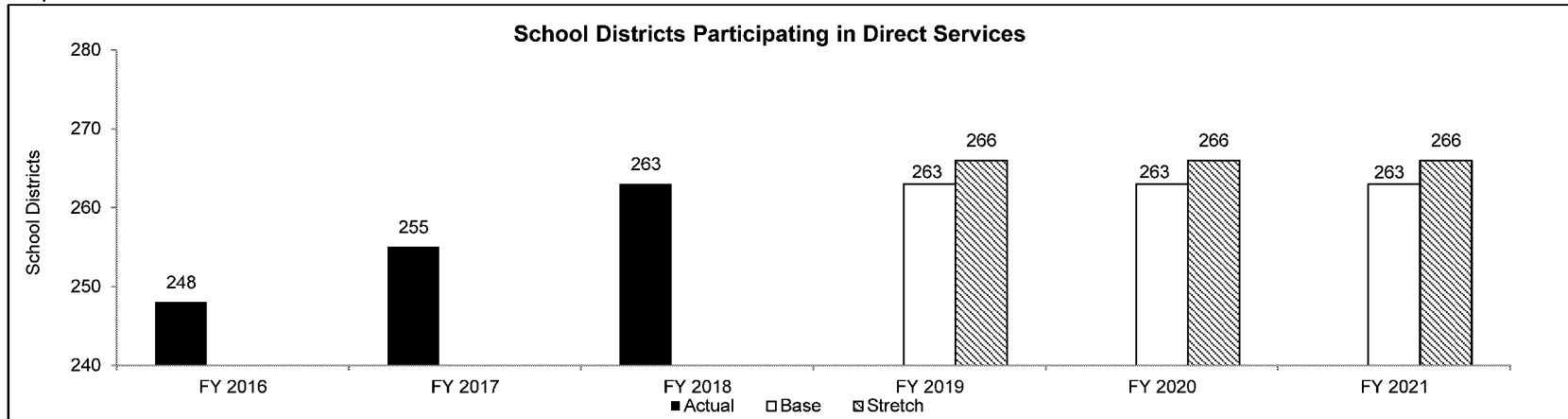
HB Section(s): 11.590

Program Name: School Districts Medicaid Claiming

Program is found in the following core budget(s): School Districts Medicaid Claiming

2c. Provide a measure(s) of the program's impact.

As a result of allowing schools to receive reimbursement, 444 school districts are currently participating in SDAC and 263 school districts are enrolled to participate in direct services.



PROGRAM DESCRIPTION

Department: Social Services

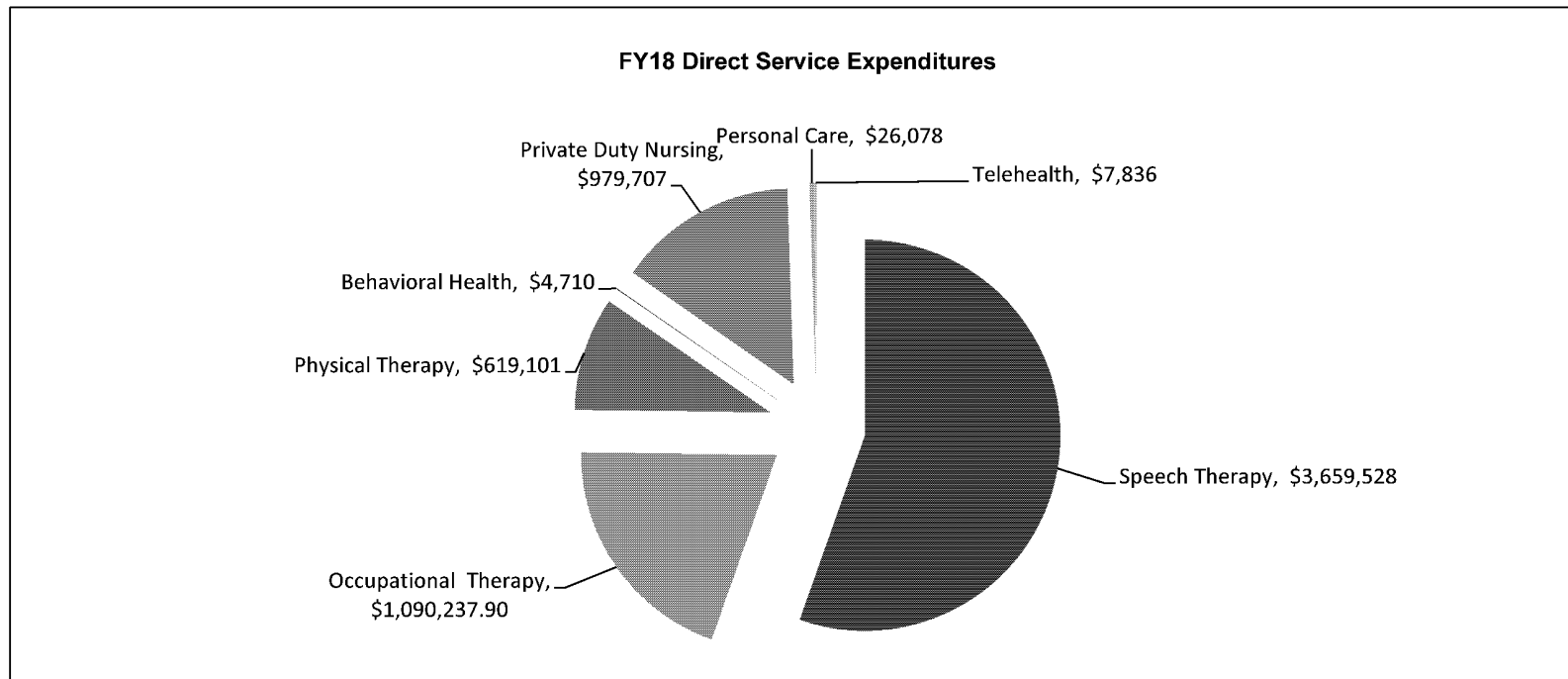
HB Section(s): 11.590

Program Name: School Districts Medicaid Claiming

Program is found in the following core budget(s): School Districts Medicaid Claiming

2d. Provide a measure(s) of the program's efficiency.

School districts are responsible for the state match and the MO HealthNet Division will pull down the federal match. Administrative activities provided through the SDAC program allow the school to assist with eligibility outreach, coordination, and referrals for improved health care for students. Direct services allow the student to receive necessary medical services to be successful in the school setting.



PROGRAM DESCRIPTION

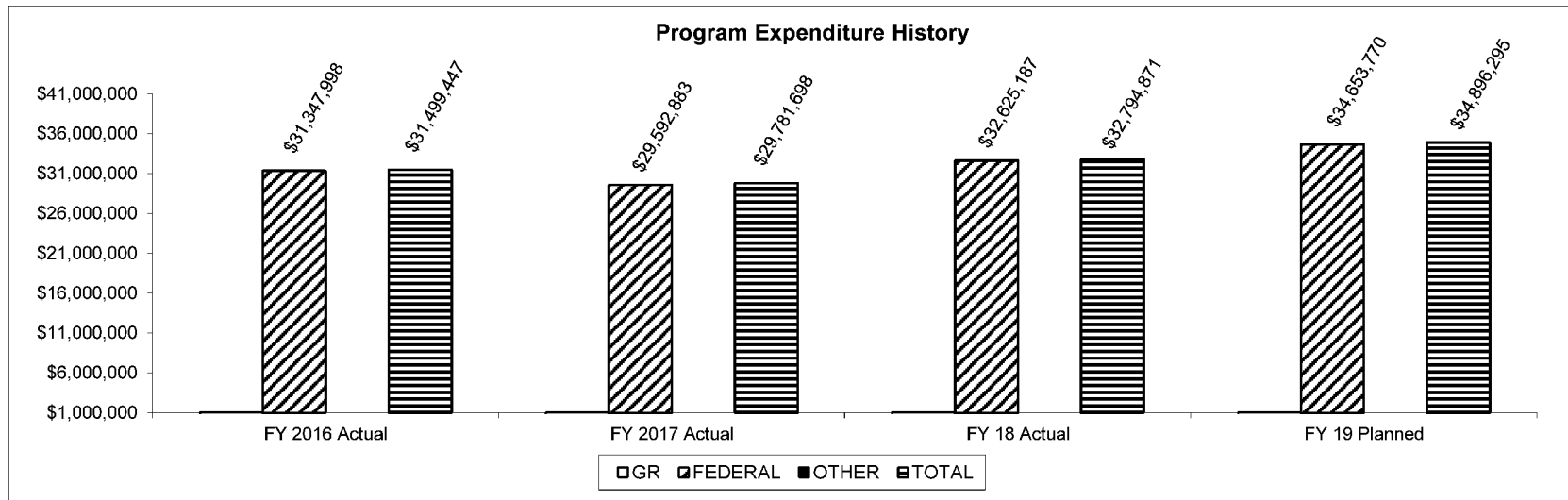
Department: Social Services

HB Section(s): 11.590

Program Name: School Districts Medicaid Claiming

Program is found in the following core budget(s): School Districts Medicaid Claiming

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

42 CFR 441.50 and 441.55-441.60

6. Are there federal matching requirements? If yes, please explain.

Medicaid allowable services provided by school districts receive a federal medical assistance percentage (FMAP) on expenditures. Administrative expenditures earn a 50% federal match and the state matching requirement is 50%. Direct services earn Missouri's FMAP. The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No

NEW DECISION ITEM
RANK: 16 OF 51

Department: Social Services
Division: MO HealthNet
DI Name: School District Claiming

DI# 1886024

Budget Unit: 90569C
HB Section: 11.590

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	0	10,000,000		10,000,000
TRF				
Total	0	10,000,000	0	10,000,000

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD				0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

The Individualized Education Plan (IEP) Non Emergency Medical Transportation (NEMT) program is changing the payment methodology to a fee schedule that will later be cost settled. Changing this methodology will make federal funds available to schools. There are currently 10 schools participating; however it is expected that this program will grow significantly due to the new program methodology.

NEW DECISION ITEM
RANK: 16 OF 51

Department: Social Services

Budget Unit: 90569C

Division: MO HealthNet

DI Name: School District Claiming

DI# 1886024

HB Section:

11.590

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The estimated cost to transition to a cost settlement reimbursement model is based upon transportation information received from the Department of Elementary and Secondary Education (DESE). This assumes an additional 263 schools will participate in this program and federal reimbursement to schools will increase by \$10,000,000. MHD is requesting additional federal funding authority to reimburse schools for cost of providing Individualized Education Plan (IEP) related non-emergency transportation services. This estimate comes from an outside entity based on data provided by DESE.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	0		10,000,000				10,000,000	0.0	
Total PSD	0		10,000,000		0		10,000,000		0
Grand Total	0	0.0	10,000,000	0.0	0	0.0	10,000,000	0.0	0

NEW DECISION ITEM

RANK: 16

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: School District Claiming

DI# 1886024

Budget Unit: 90569C

HB Section: 11.590

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

Please see performance measures in the School District Medicaid Claiming section.

6b. Provide a measure of the program's quality.

Please see performance measures in the School District Medicaid Claiming section.

6c. Provide a measure of the program's impact.

Please see performance measures in the School District Medicaid Claiming section.

6d. Provide a measure of the program's efficiency

Please see performance measures in the School District Medicaid Claiming section.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SCHOOL DISTRICT CLAIMING								
School District Claiming - 1886024								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	10,000,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	10,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$10,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$10,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Blind Pension Medical

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.595

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request						FY 2020 Governor's Recommendation					
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD	24,655,738			24,655,738		PSD				0	
TRF						TRF					
Total	24,655,738	0	0	24,655,738		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds a state-only health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid.

3. PROGRAM LISTING (list programs included in this core funding)

Blind Pension Medical

CORE DECISION ITEM

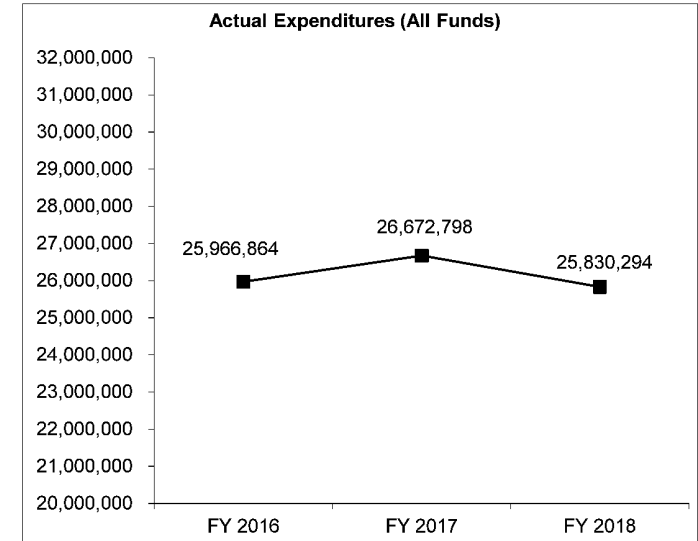
Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.595

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	26,672,798	26,672,798	25,830,294	24,655,738
Less Reverted (All Funds)	(705,934)	0	0	
Less Restricted (All Funds)		0	0	
Budget Authority (All Funds)	25,966,864	26,672,798	25,830,294	24,655,738
Actual Expenditures (All Funds)	25,966,864	26,672,798	25,830,294	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
	(1)		(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY16 - This section moved back to the MO HealthNet Division.

(2) FY18 - \$842,504 GR was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
BLIND PENSION MEDICAL BENEFITS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	24,655,738	0	0	24,655,738	
	Total	0.00	24,655,738	0	0	24,655,738	
DEPARTMENT CORE REQUEST							
	PD	0.00	24,655,738	0	0	24,655,738	
	Total	0.00	24,655,738	0	0	24,655,738	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	24,655,738	0	0	24,655,738	
	Total	0.00	24,655,738	0	0	24,655,738	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90573C BUDGET UNIT NAME: Blind Pension Medical HOUSE BILL SECTION: 11.595	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$24,811,154 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$2,481,115 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595. </td> </tr> </table>		Total \$24,811,154	% Flex 10%	Flex Amount \$2,481,115	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.
Total \$24,811,154	% Flex 10%	Flex Amount \$2,481,115	Not more than ten percent (10%) flexibility is requested between sections 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED				
\$2,515,504	HB11 language allows up to 10% flexibility between 11.435, 11.455, 11.460, 11.465, 11.470, 11.480, 11.490, 11.505, 11.510, 11.550, 11.555, and 11.595.				
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED					
10% flexibility is being requested for FY20					
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Physician, Dental, Rehab Services, and Hospital and cover payments in various sections until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM DISTRIBUTIONS	25,830,294	0.00	24,655,738	0.00	24,655,738	0.00	0	0.00
TOTAL - PD	25,830,294	0.00	24,655,738	0.00	24,655,738	0.00	0	0.00
GRAND TOTAL	\$25,830,294	0.00	\$24,655,738	0.00	\$24,655,738	0.00	\$0	0.00
GENERAL REVENUE	\$25,830,294	0.00	\$24,655,738	0.00	\$24,655,738	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.595

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

1a. What strategic priority does this program address?

Improve healthcare for blind participants

1b. What does this program do?

The Blind Pension Medical Program provides individuals with a state-only funded health care benefit package to accompany their monthly cash grant. The objectives of the program are to ensure proper health care for the general health and well-being of MO HealthNet participants, to ensure adequate supply of providers, and to increase preventive services for all MO HealthNet participants. Services provided under the Blind Pension Medical Program are reimbursed individually under the fee-for-service program and comprise .3% of the total MO HealthNet Division expenditures.

The Blind Pension Medical Program provides a state-only funded health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid. The Blind Pension benefit is provided for in law (ref. Missouri Constitution, Article III, Section 38 (b)) and includes the following eligibility requirements:

- Must be 18 years of age or older;
- Missouri resident;
- United States citizen or eligible non-citizen;
- Has not given away, sold, or transferred real or personal property in order to be eligible for Blind Pension;
- Single, or married and living with spouse, and does not own real or personal property worth more than \$20,000;
- Determined to be totally blind as defined by law (up to 5/200 or visual field of less than 5 degrees);
- Willing to have a medical treatment or an operation to cure their blindness unless they are 75 years or older; and
- Is not a resident of a public, private, or endowed institution except a public medical institution.

PROGRAM DESCRIPTION

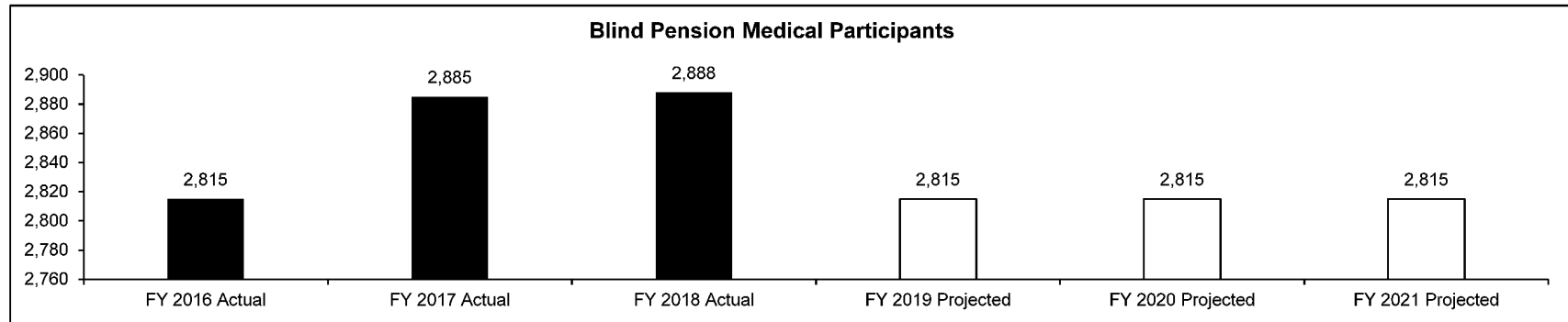
Department: Social Services

HB Section(s): 11.595

Program Name: Blind Pension Medical

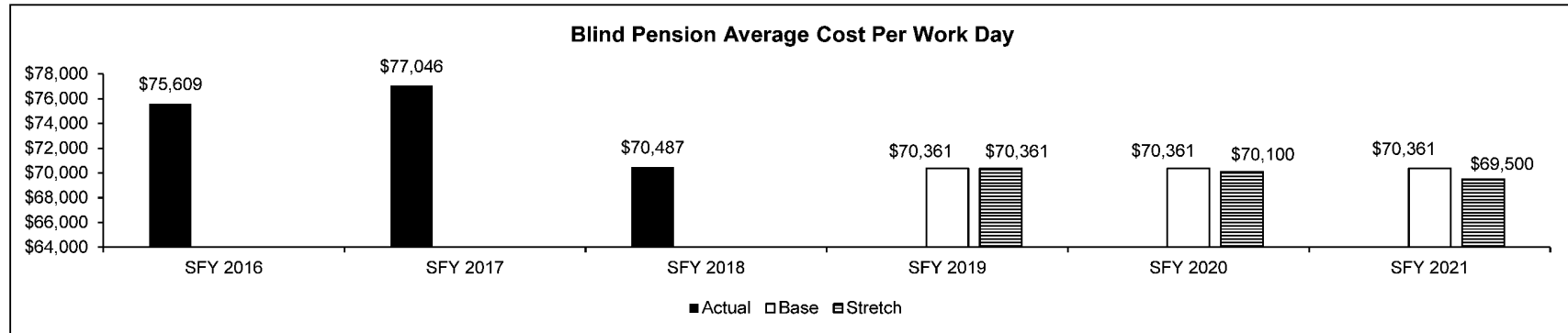
Program is found in the following core budget(s): Blind Pension Medical

2a. Provide an activity measure for the program.



*Decrease in enrollment is due to cost containment measures. Blind Medical participants who are eligible under the Title XIV program are now receiving MO HealthNet benefits.

2b. Provide a measure of the program's quality.



*MO HealthNet provides Medicaid coverage to blind pension medical participants when appropriate. Average cost per work day is found by taking the total amount of expenditures divided by the total number of days. Stretch amounts are decreasing due to participants being moved to Medicaid when appropriate.

PROGRAM DESCRIPTION

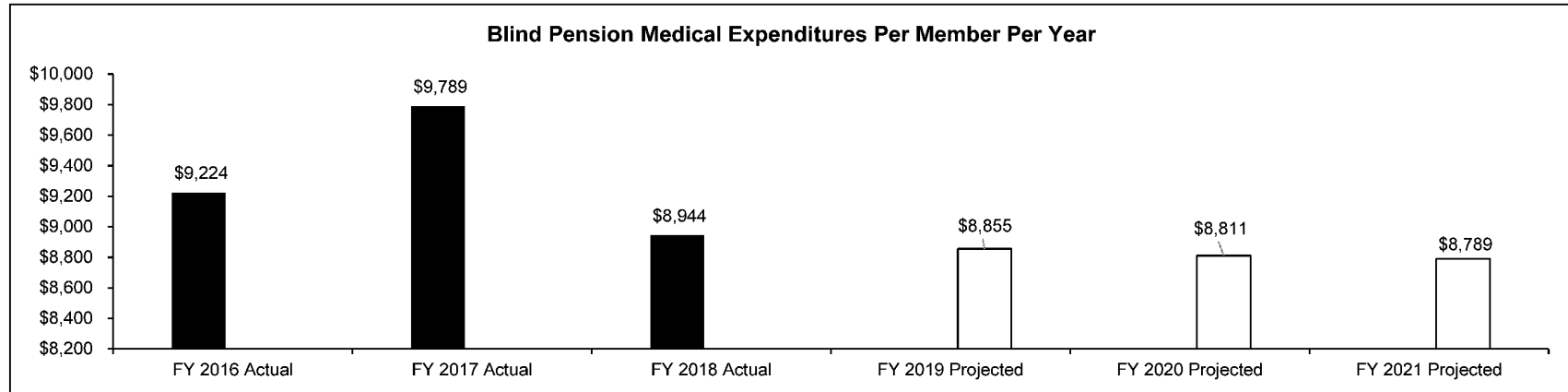
Department: Social Services

HB Section(s): 11.595

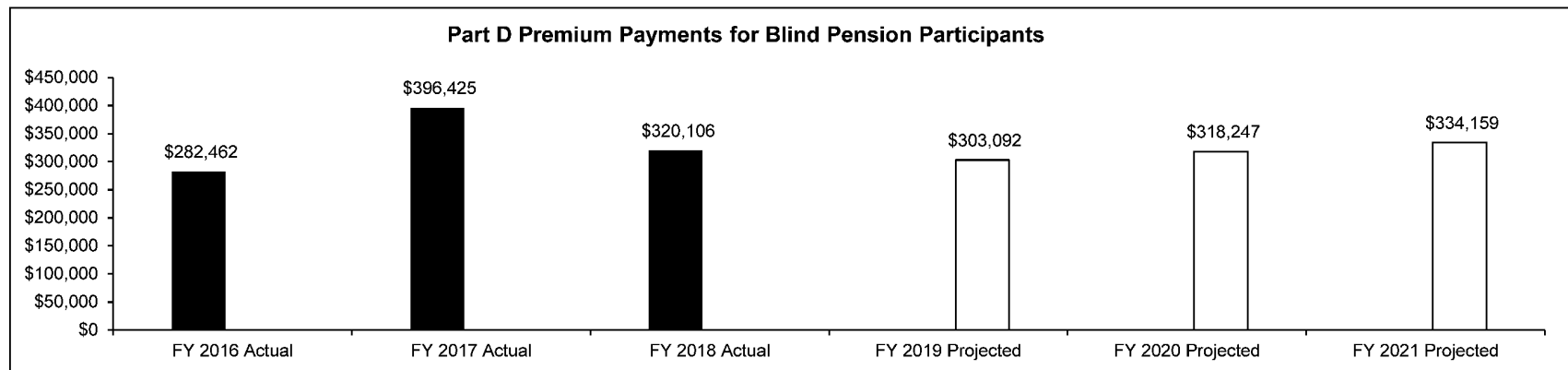
Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

2c. Provide a measure of the program's impact.



2d. Provide a measure of the program's efficiency.



*For qualifying blind pension participants MO HealthNet pays the Medicare Part D premium.

PROGRAM DESCRIPTION

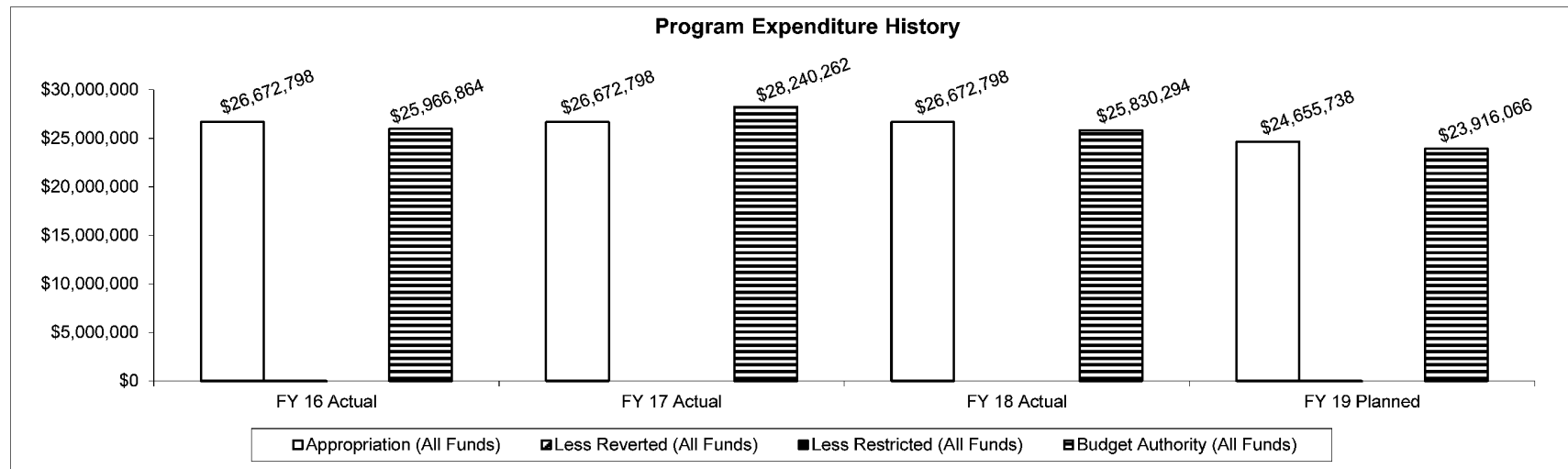
Department: Social Services

HB Section(s): 11.595

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.151 and 208.152, RSMo.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

MHD Non-Count Transfers

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

Budget Units: 90535C, 90537C, 90581C, 90583C, 90570C, 90840C, 90845C, 90850C, 90855C, 90860C
HB Sections: 11.445, 11.450, 11.495, 11.500, 11.535, 11.560, 11.565, 11.570, 11.575, 11.580, 11.600

1. CORE FINANCIAL SUMMARY

FY 2020 Budget Request					FY 2020 Governor's Recommendation						
	GR	Federal	Other	Total	E		GR	Federal	Other	Total	E
PS						PS					
EE						EE					
PSD						PSD					
TRF	924,226,331		1,022,611,546	1,946,837,877		TRF				0	
Total	924,226,331	0	1,022,611,546	1,946,837,877		Total	0	0	0	0	
FTE	0.00	0.00	0.00	0.00		FTE				0.00	
Est. Fringe	0	0	0	0		Est. Fringe	0	0	0	0	
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.						Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.					

Other Funds:

Pharmacy Reimbursement Allowance Fund (0144) - \$38,737,111
 Ambulance Service Reimbursement Allowance Fund (0958) - \$20,837,332
 DSS Intergovernmental Transfer Fund (0139) - \$96,885,215
 Federal Reimbursement Allowance Fund (0142) - \$653,701,378
 Nursing Facility Reimbursement Allowance Fund (0196) - \$212,450,510

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance Transfer
 Ambulance Service Reimbursement Allowance Transfer
 Intergovernmental Transfer
 Federal Reimbursement Allowance Transfer
 Nursing Facility Reimbursement Allowance Transfer

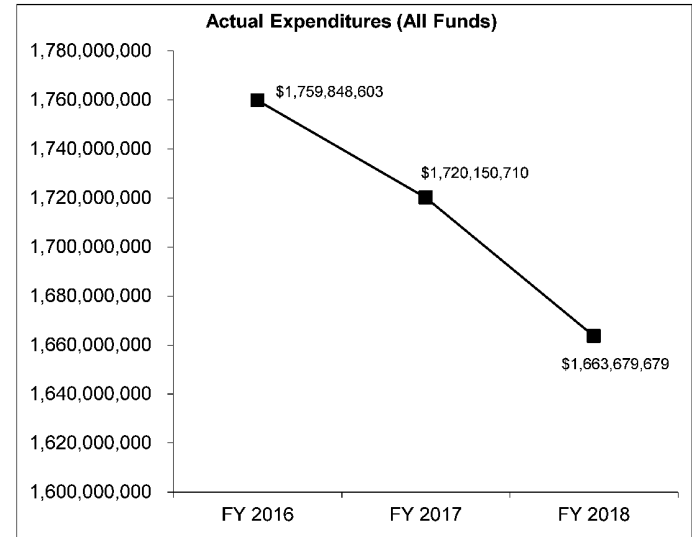
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

Budget Units: 90535C, 90537C, 90581C, 90583C, 90570C, 90840C, 90845C, 90850C, 90855C, 90860C
HB Sections: 11.445, 11.450, 11.495, 11.500, 11.535, 11.560, 11.565, 11.570, 11.575, 11.580, 11.600

4. FINANCIAL HISTORY

	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Current Yr.
Appropriation (All Funds)	1,909,439,525	1,912,011,951	1,946,837,877	1,946,837,877
Less Reverted (All Funds)	0	0	0	
Less Restricted (All Funds)	0	0	0	
Budget Authority (All Funds)	1,909,439,525	1,912,011,951	1,946,837,877	1,946,837,877
Actual Expenditures (All Funds)	1,759,848,603	1,720,150,710	1,663,679,679	N/A
Unexpended (All Funds)	149,590,922	191,861,241	283,158,198	N/A
Unexpended, by Fund:				
General Revenue	62,242,747	83,448,479	135,577,584	N/A
Federal	0	0	0	N/A
Other	87,348,175	108,412,762	147,580,614	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
AMBULANCE SRV REIM ALLOW TRF**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
GR AMBULANCE SRV REIM ALL TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR PHARMACY FRA TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY FRA TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT EXPEND TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	96,885,215	96,885,215	
	Total	0.00	0	0	96,885,215	96,885,215	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	96,885,215	96,885,215	
	Total	0.00	0	0	96,885,215	96,885,215	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	96,885,215	96,885,215	
	Total	0.00	0	0	96,885,215	96,885,215	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR FRA-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FED REIMBURSE ALLOW-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR NFFRA-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY REIM-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY QLTY-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
AMBULANCE SRV REIM ALLOW TRF									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
TOTAL - TRF	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
TOTAL	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
GRAND TOTAL	\$6,313,866	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GR AMBULANCE SRV REIM ALL TRF									
CORE									
FUND TRANSFERS									
AMBULANCE SERVICE REIMB ALLOW	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
TOTAL - TRF	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
TOTAL	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00	
GRAND TOTAL	\$6,313,866	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GR PHARMACY FRA TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
TOTAL - TRF	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
TOTAL	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
GRAND TOTAL	\$36,520,710	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY FRA TRANSFER									
CORE									
FUND TRANSFERS									
PHARMACY REIMBURSEMENT ALLOWAN	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
TOTAL - TRF	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
TOTAL	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00	
GRAND TOTAL	\$36,520,710	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
IGT EXPEND TRANSFER									
CORE									
FUND TRANSFERS									
INTERGOVERNMENTAL TRANSFER	84,882,185	0.00	96,885,215	0.00	96,885,215	0.00	0	0.00	
TOTAL - TRF	84,882,185	0.00	96,885,215	0.00	96,885,215	0.00	0	0.00	
TOTAL	84,882,185	0.00	96,885,215	0.00	96,885,215	0.00	0	0.00	
MHD Non-Count Transfer - 1886047									
FUND TRANSFERS									
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	40,188,950	0.00	0	0.00	
TOTAL - TRF	0	0.00	0	0.00	40,188,950	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	40,188,950	0.00	0	0.00	
GRAND TOTAL	\$84,882,185	0.00	\$96,885,215	0.00	\$137,074,165	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GR FRA-TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL - TRF	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
GRAND TOTAL	\$557,948,129	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
FED REIMBURSE ALLOW-TRANSFER									
CORE									
FUND TRANSFERS									
FEDERAL REIMBURSEMENT ALLOWANCE	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL - TRF	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
TOTAL	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00	
GRAND TOTAL	\$557,948,129	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GR NFFRA-TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL - TRF	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
GRAND TOTAL	\$187,866,042	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NURSING FACILITY REIM-TRANSFER									
CORE									
FUND TRANSFERS									
NURSING FACILITY FED REIM ALLW	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL - TRF	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
GRAND TOTAL	\$187,866,042	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NURSING FACILITY QLTY-TRANSFER									
CORE									
FUND TRANSFERS									
NURSING FACILITY FED REIM ALLW	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00	
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00	
TOTAL	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00	
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00	

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$36,520,710	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$36,520,710	0.00	\$38,737,111	0.00	\$38,737,111	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	36,520,710	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$36,520,710	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$36,520,710	0.00	\$38,737,111	0.00	\$38,737,111	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
AMBULANCE SRV REIM ALLOW TRF								
CORE								
TRANSFERS OUT	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,313,866	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$6,313,866	0.00	\$20,837,332	0.00	\$20,837,332	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR AMBULANCE SRV REIM ALL TRF								
CORE								
TRANSFERS OUT	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,313,866	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,313,866	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$6,313,866	0.00	\$20,837,332	0.00	\$20,837,332	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT EXPEND TRANSFER								
CORE								
TRANSFERS OUT	84,882,185	0.00	96,885,215	0.00	96,885,215	0.00	0	0.00
TOTAL - TRF	84,882,185	0.00	96,885,215	0.00	96,885,215	0.00	0	0.00
GRAND TOTAL	\$84,882,185	0.00	\$96,885,215	0.00	\$96,885,215	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$84,882,185	0.00	\$96,885,215	0.00	\$96,885,215	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHIP INC ENHANCE TRF								
CORE								
TRANSFERS OUT	0	0.00	40,500,000	0.00	0	0.00	0	0.00
TOTAL - TRF	0	0.00	40,500,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$40,500,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$40,500,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR FRA-TRANSFER								
CORE								
TRANSFERS OUT	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$557,948,129	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$557,948,129	0.00	\$653,701,378	0.00	\$653,701,378	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMBURSE ALLOW-TRANSFER								
CORE								
TRANSFERS OUT	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	557,948,129	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$557,948,129	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$557,948,129	0.00	\$653,701,378	0.00	\$653,701,378	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR NFFRA-TRANSFER								
CORE								
TRANSFERS OUT	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$187,866,042	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$187,866,042	0.00	\$210,950,510	0.00	\$210,950,510	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY REIM-TRANSFER								
CORE								
TRANSFERS OUT	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	187,866,042	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$187,866,042	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$187,866,042	0.00	\$210,950,510	0.00	\$210,950,510	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY QLTY-TRANSFER								
CORE								
TRANSFERS OUT	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

HB Section(s): 11.445, 11.450, 11.495, 11.500, 11.535,

11.560, 11.565, 11.570, 11.575, 11.580, 11.600

1a. What strategic priority does this program address?

Transfers between funds

1b. What does this program do?

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

Reimbursement Allowance Transfers

Federal Medicaid regulation requires states to establish they have sufficient state dollars available in order to receive federal Medicaid matching funds. The following transfers are used as accounting mechanisms to meet this requirement:

Pharmacy Reimbursement Allowance Transfer

Ambulance Service Reimbursement Allowance Transfer

Federal Reimbursement Allowance Transfer

Nursing Facility Reimbursement Allowance Transfer

NOTE: The provider assessment programs listed above have been reauthorized by the General Assembly through September 30, 2019.

Intergovernmental Transfer

State and local governmental units (including public providers) are authorized to transfer to the state Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid matching funds. These transfers are called intergovernmental transfers (IGTs) and maximize eligible state resources for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Nursing Facility Quality of Care Fund Transfer

In accordance with section 198.418.1, RSMo, funding up to 5% of the federal funds desposited to the Nursing Facility Reimbursement Allowance fund each year (not to exceed \$1,500,000) is transferred from the Nursing Facility Federal Reimbursement Allowance Fund to the Nursing Facility Quality of Care Fund to be used by the Department of Health and Senior Services (upon appropriation) for conducting inspections and surveys and providing training and technical assistance to facilities licensed under the provisions of Chapter 198.

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

Department: Social Services

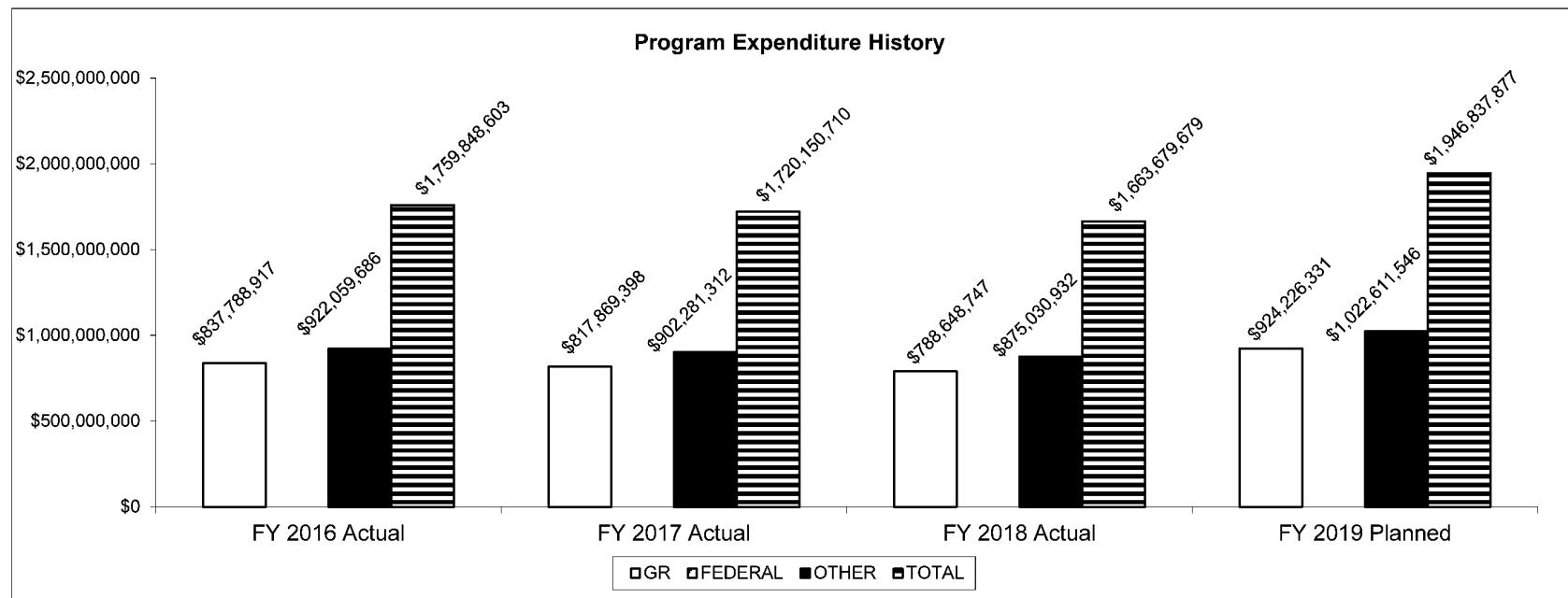
Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

HB Section(s): 11.445, 11.450, 11.495, 11.500, 11.535,

11.560, 11.565, 11.570, 11.575, 11.580, 11.600

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144)

Ambulance Service Reimbursement Allowance Fund (0958)

DSS Intergovernmental Transfer Fund (0139)

Federal Reimbursement Allowance Fund (0142)

Nursing Facility Reimbursement Allowance Fund (0196)

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

HB Section(s): 11.445, 11.450, 11.495, 11.500, 11.535,

11.560, 11.565, 11.570, 11.575, 11.580, 11.600

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 198.418.1, 208.152, and 208.153, RSMo; Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

No

7. Is this a federally mandated program? If yes, please explain.

No

NEW DECISION ITEM
RANK: 24 OF 51

Department: Social Services

Division: MO HealthNet

DI Name: MO HealthNet Supplemental Transfers

DI# 1886047

Budget Unit: 90570C

HB Section: 11.535

1. AMOUNT OF REQUEST

FY 2020 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF			40,188,950	40,188,950
Total	0	0	40,188,950	40,188,950

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Intergovernment Transfer Fund (0139) - \$40,188,950

FY 2020 Governor's Recommendation				
	GR	Federal	Other	Total
PS				
EE				
PSD				0
TRF				
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

These are non-count transfers to show a demonstration of certified match to draw federal funds. These are preliminary estimates.

NEW DECISION ITEM
RANK: 24 OF 51

Department: Social Services

Budget Unit: 90570C

Division: MO HealthNet

DI Name: MO HealthNet Supplemental Transfers DI# 1886047

HB Section: 11.535

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The State share of Ground Emergency Medical Transportation (GEMT) and Safety Net Physician Payments will be transferred via Intergovernmental Transfer from the providers in order to demonstrate state match. This is a cost to continue from the FY19 supplemental request.

GEMT	\$ 29,215,647
Fee For Service Tier 1 Safety Net Hospital Physician Payments	\$ 2,000,000
Managed Care Tier 1 Safety Net Hospital Physician Payments	<u>\$ 8,973,303</u>
Total	\$ 40,188,950

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total TRF	0		0		40,188,950		40,188,950		0
Grand Total	0	0.0	0	0.0	40,188,950	0.0	40,188,950	0.0	0

NEW DECISION ITEM

RANK: 24

OF 51

Department: Social Services

Division: MO HealthNet

DI Name: MO HealthNet Supplemental Transfers **DI# 1886047**

Budget Unit: 90570C

HB Section: 11.535

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This decision item is exempt from performance measures as it is an accounting mechanism.

6b. Provide a measure of the program's quality.

This decision item is exempt from performance measures as it is an accounting mechanism.

6c. Provide a measure of the program's impact.

This decision item is exempt from performance measures as it is an accounting mechanism.

6d. Provide a measure of the program's efficiency

This decision item is exempt from performance measures as it is an accounting mechanism.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2018	FY 2018	FY 2019	FY 2019	FY 2020	FY 2020	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT EXPEND TRANSFER								
MHD Non-Count Transfer - 1886047								
TRANSFERS OUT	0	0.00	0	0.00	40,188,950	0.00	0	0.00
TOTAL - TRF	0	0.00	0	0.00	40,188,950	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$40,188,950	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$40,188,950	0.00		0.00